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SPENBOROUGH URBAN DISTRICT  
COUNCIL



**ANNUAL REPORT**  
OF THE  
**MEDICAL OFFICER OF HEALTH**

For the Year

**1 9 5 0**

**WILLIAM MASON DOUGLAS, M.B., Ch.B., D.P.H.**  
Medical Officer of Health



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# Urban District of Spenborough

## Constitution 1950-51

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Chairman : Councillor J. V. SHORROCK.

Vice-Chairman : Councillor A. D. HEATON.

Councillor	G. BLACKBURN, J.P.	Councillor	H. ROBINSON
„	E. COCKROFT	„	W. B. SCHOFIELD
„	W. H. COOPER	„	T. SENIOR
„	A. R. CROSSLAND	„	H. SIDDLE
„	F. DRANSFIELD	„	A. W. SMITH
„	S. R. ELLIS	„	J. SMITH
„	A. HARRISON	„	A. R. STOCKHILL
„	Mrs. E. L. HARTLEY	„	P. SUGDEN
„	A. JONES	„	H. de LACY TAYLOR
„	D. NAYLOR	„	W. E. TETLEY, J.P.
„	D. PAGE	„	A. S. THORNTON
„	J. PEARSON	„	H. E. WILCOCK
„	D. E. RIDING	„	H. WRAY

### HEALTH COMMITTEE, 1950-51

Chairman : Councillor E. COCKROFT.

Vice-Chairman : Councillor A. W. SMITH.

The Chairman of the Council : Councillor J. V. SHORROCK.

Councillor	E. COCKROFT	Councillor	H. SIDDLE
„	F. DRANSFIELD	„	A. W. SMITH
„	D. NAYLOR	„	J. SMITH
„	D. PAGE	„	P. SUGDEN
„	J. PEARSON	„	H. E. WILCOCK
„	T. SENIOR		

October, 1951.

TO THE CHAIRMAN AND MEMBERS OF THE PUBLIC HEALTH COMMITTEE,  
SPENBOROUGH URBAN DISTRICT COUNCIL.

Mr. Chairman, Gentlemen,

I have the honour to submit to you my Annual Report relating to the Urban District of Spenborough and to the work of the Health Department for the year 1950.

In this year Spenborough achieved its lowest infant mortality rate ever—25·8 infant deaths per thousand births. This is lower than the average for the country as a whole and for the administrative county, yet even so, six babies died of infections which are by and large preventable, and which, if they cannot be prevented, occasionally respond to treatment if medical advice is sought at an early stage. Nevertheless, in the gradual reduction in infant mortality which has taken place over the years, the preventive medical services can at least claim an honourable part.

The death rate (14·1) is still higher than the average for the county, and the main causes of death are cancer and heart disease to which, jointly, 290 deaths were ascribed. The 58 cases of death from respiratory diseases are somewhat higher than the county average, and this is but a reflection of the heavy prevalence of this type of disease at all ages in Spenborough.

There has been a fairly high incidence of the "childhood" infectious diseases, measles, whooping cough and chicken pox, but I am proud to report that for the second year in succession there have been no cases of diphtheria, and after the anxieties of 1949 it is something of a relief to report only four cases of poliomyelitis with no fatalities.

Details are given in the report of the Mass Radiography Survey which was carried out at the end of the year and which had a good public response in spite of inclement weather. From the details kindly supplied by the Consultant Chest Physician it is seen that two cases were diagnosed as active Pulmonary Tuberculosis requiring treatment, and this is much lower than is common during such surveys, but of course I have no information relating to those persons not resident in the area who presumably would be invited to attend other Chest Clinics. Forty-one other cases of chest disease were diagnosed.

In spite of many staffing difficulties and the immense amount of routine work which the department carries out we have been able, in a very minor way, to undertake some research into the causes of failure of breast feeding and into the hearing of certain groups of school children. It has not been possible to finalise any conclusions on the results of these surveys, but it has undoubtedly stimulated interest, and we hope in years to come to undertake research into common causes of ill health on an increasing scale.



I have been keenly interested during the year in the growth of the Old People's Welfare movement which is doing so much good work in a quiet way. Progress may at times appear to be slow, but it is an extremely difficult task to which the Old People's Welfare Committee is committed, and it is important that the foundations should be solid and the effort sustained.

I must express also my gratification in my association with the Dewsbury, Batley and Mirfield Group Hospital Management Committee, and my appreciation of the co-operation which I have had from the medical and administrative staffs of this Group. Co-operation within the medical profession and between the various sections of the Health Services is of vital importance both in the prevention and treatment of disease, and I feel that considerable progress has been made in this direction during the year.

In the field of environmental hygiene steady progress with the privy conversion scheme has continued, and the adoption of the Food Byelaws and the codes of practice relating to various sections of the catering industry have been a real advance. What has been most gratifying, apart from the increased safety and amenity to the public, has been the readiness of the trade to adopt our suggestions and requirements. The public have also come to understand that they have a right to expect a reasonable standard of care and cleanliness in the preparation and sale of food. This has played its part in the undoubted improvement which has been effected.

Reference to the report will show that 40·3% of all cows slaughtered at the abattoir were infected with tuberculosis alone. Not all of these cows necessarily ever produced tuberculous milk, but at least the possibility was there, and this should serve to convince the doubters of the need for pasteurisation of all milk which is not tuberculin tested. It is understood that the area has already been surveyed to determine whether facilities exist which would enable the area to be "designated" for the purposes of supplying only Tuberculin Tested, Accredited, or Pasteurised milk. I feel that they do exist and that the sooner the "designation" is applied the better it will be.

Although during the year fifteen houses were scheduled for closure as being individually unfit, I feel that more should be done in closing and demolishing property which can never be made by any stretch of the imagination, suitable for human occupation. It is a very big problem, of course, in face of the demand for accommodation of any type, but I do not like to see the perpetuation of misery and ill health.

Comments have been made throughout the report on each section of the Health Department's activities, and I should like to pay my tribute to the loyalty of each member of the staff, and to Mr. Templeman, the Chief Sanitary Inspector, for supplying me with that part of the report relating to the work of the Sanitary Inspectors. I have valued the co-operation which I have had at all times from the general practitioners of the area, the headmasters and school teachers, and indeed the very many voluntary and official bodies with whom I have had day to day contact.



Finally I should like to thank you, Mr. Chairman, and Members of the Health Committee, for your unfailing support and ever ready courtesy and consideration.

I am, Mr. Chairman and Gentlemen,

Your obedient servant,

W. M. DOUGLAS,

Medical Officer of Health and  
Divisional Medical Officer.

## SPENBOROUGH URBAN DISTRICT.

Area of district in acres at 1931 census	...	...	...	4,992
Population at 1931 census	...	...	...	30,963
Number of inhabited houses at end of 1931	...	...	...	8,735
Average number of persons per room at 1931 Census	...	...	...	1·04
Number of families at 1931 Census	...	...	...	8,852

### Statistical Summary of the area for 1950 in comparison with 1949.

	1949	1950
Area of the district in acres	8,253	8,253
Estimated population (mid-year)	36,760	37,030
Average number of persons per acre	4·4	4·5
Estimated number of dwellinghouses	12,413	12,608
Average number of persons per house	3	3
Rateable value at 1st April	£175,500	£178,200
Product of Penny Rate (estimate)	£670	£680
Crude Death Rate per 1,000 estimated population	13·8	14·1
Comparability Factor	0·97	0·96
Standardised Death Rate	13·39	13·53
Crude Birth Rate per 1,000 estimated population	15·7	14·7
Comparability Factor	(not available)	1·03
Standardised Birth Rate	(not available)	15·1
Still-birth Rate per 1,000 total live and still-births	25·2	35·5
Infant Mortality Rate per 1,000 live births	43·0	25·8
Maternal Mortality Rate	Nil	1·78

## POPULATION AND SOCIAL CONDITIONS.

The population of the original Urban District of Spenborough at the 1931 census was 30,963, and the population of Birkenshaw, Hunsworth and Hartshead, which were added to the original Urban District in 1937, was 5,066, giving a total population at that time of 36,029. The Registrar General's estimate of the population of the enlarged Urban District of Spenborough at the middle of 1950 is 37,030, and this figure is used throughout this report in calculating rates.

The District, which is mainly industrial in nature, is characterised not only by the diversity of its industrial processes which include among many others, textiles, textile belting and asbestos products, plastics, wire rope, leather works, motor cycle engineering, optical instrument making, rope and twine manufacturing, confectioners, card clothing, chemical products, and coal mines, but by its very large number of factories, many of small size employing less than twenty persons. In spite of this, or perhaps because of it, we find the population concentrated in comparatively small aggregates rather than spread evenly over the whole area, and there is, therefore, ample open space between these concentrations of population, and not an inconsiderable amount of agricultural land and dairy farming. There are, for example, some ninety farms in the Spenborough area.

As in 1949 the year was one of full employment in Spenborough. There was a very slight decrease in the number of women engaged in industry, and towards the end of the year the number of vacancies for women was fewer. The high price of wool, although viewed with some uneasiness, caused no unemployment, and in fact there were never more than twenty or thirty unemployed, many of whom were, for one reason or another, not readily employable. Recruitment of European Voluntary Workers virtually ceased during the year, but there are about three hundred of them still employed in the district. Electricity cuts caused some disruption during the winter months, but industry as a whole was not greatly affected. Most firms of the area are employing their quota of 3% of disabled persons under the Disabled Persons (Employment) Act, 1944.

These notes regarding employment have been compiled from data kindly supplied by the Manager of the Spen Valley Employment Exchange.

## VITAL STATISTICS FOR THE YEAR 1950.

### Live Births.

					Males	Females	Total
Legitimate	...	...	...	...	268	249	517
Illegitimate	...	...	...	...	12	14	26
Total					280	263	543

Birth rate per 1,000 estimated population : 14·7.

### Live and Still Births Notified in the District.

Ward					Males	Females	Total
Cleckheaton—East	...	...	...	...	6	8	14
Cleckheaton—West	...	...	...	...	7	11	18
Hightown and Hartshead	...	...	...	...	25	25	50
Birkenshaw	...	...	...	...	13	10	23
Gomersal	...	...	...	...	11	13	24
Millbridge	...	...	...	...	4	4	8
Scholes	...	...	...	...	5	5	10
Spennithorne and Littlethorpe	...	...	...	...	5	2	7
Oakenshaw and Hunsworth	...	...	...	...	4	8	12
Roberttown and Norristhorpe	...	...	...	...	13	8	21
Total					93	94	187

### Births Transferable to the District.

Staincliffe General Hospital	...	...	...	...	...	...	97
Crossley Maternity Home	...	...	...	...	...	...	243
Other Institutions	...	...	...	...	...	...	53
Total					...	...	393

### Stillbirths.

					Males	Females	Total
Legitimate	...	...	...	...	5	14	19
Illegitimate	...	...	...	...	1	—	1
Total					6	14	20

Stillbirth rate per 1,000 total live and still-births : 35·5.



Conditions associated with cases of stillbirth :

	No.	Confined at		Ante-natal care	
		Hospital	Home	Clinic	Own Dr.
Idiocyncrasy of Rhesus Factor ...	2	2			2
No known cause ..	6	3	3	3	3
Congenital abnormality of foetus ..	2	2		1	1
Toxaemia of pregnancy	2	1	1	1	1
Abnormality occurring during delivery	3	3		2	1
Abnormal position of foetus ..	1	1			1
Ante partum haemorrhage ..	1	1			1
Twin pregnancy ...	1	1			1
Diabetes (twins) ...	2	2		2	
Totals ..	20	16	4	9	11

There were 543 live births during the year which is 36 fewer than in 1949, giving a birth rate of 14·7 per 1,000 estimated population. The birth rate has shown a progressive decline since the peak year of 1947 in which year there were 756 births. This decline has been general throughout the country during the same period, and although the Spenborough birth rate is lower than the average for the country and also lower than that for the Administrative County, the fall is proportionate compared with last year's figures. The Registrar General supplies a "comparability figure." In the case of Spenborough, for births, this is 1·03, and multiplying our crude birth rate by this figure we obtain a standardised birth rate of 15·1, which would represent the birth rate for Spenborough if its population had the same age and sex constitution as that of the country as a whole.

Approximately 68% of all confinements took place in hospital. This proportion continues to rise steadily and appears to be due, in part at least, to housing and social factors in the area, to the availability of adequate maternity home accommodation in the area, and

to the fact that, to the mother, it is cheaper to go into hospital to have her baby. Surely it is not right that this last factor should operate, and there are many cases where it is felt, from a consideration of all the circumstances, that it would be better for the mother to have her child in her own home.

There were 20 stillbirths, giving a rate of 35·5 stillbirths per thousand total births. This is a high figure which is, to some small extent, balanced by a favourable infant mortality rate, and a high proportion of them can be attributed to medical conditions arising during pregnancy. No doubt time and an ever increasing vigilance and the elaboration of new techniques will reduce the proportion of these tragedies in the years to come, but it is true to say in the meantime that full and adequate ante-natal services exist for all mothers who are prepared to utilise them to the full. There was, unfortunately, one maternal death, this being the first death associated with pregnancy since 1948.

It will be noticed that of the domiciliary confinements by far the largest number occurred in the Hightown and Hartshead Wards, and this, I feel, can mainly be attributed to the larger numbers of new houses going up in this area, and the rehousing there of young families from other districts.

**Deaths.**

		Males	Females	Total
Total Deaths assigned to district	...	257	267	524
Deaths registered in the district	...			385
Deaths transferable to the district	...			139
Death Rate per 1,000 estimated population				14·1
Standardised Death Rate	... ..			13·53
Deaths from puerperal causes				1

**Deaths of Infants under 1 year :—**

					Males	Females	Total
Legitimate	...	...	...	...	7	6	13
Illegitimate	...	...	...	...	1	—	1
					8	6	14

Death rate per 1,000 live births ... .. 25·8  
Death rate of legitimate infants per 1,000 legitimate live births 25·1

There were 524 deaths assigned to the District which gives a crude death rate of 14·1. The Registrar General's "comparability factor" for deaths is 0·96 and multiplying the crude death rate by this factor we obtain 13·5 which would represent the death rate for Spenborough if its population had the same age and sex constitution as that of the country as a whole. The death rate is higher than last year and appears to be accounted for mainly by the increased number of deaths from cancer and respiratory diseases. Approximately 67% of all the deaths occurred in persons aged 65 and over, and once again heart diseases (200) and cancer (90) are the predominant causes of death. If it can ever be that justification for the existence of large and complex schemes of preventive medicine is required, surely one glance at the table of the causes of and ages of death will be sufficient answer, and it is with some sense of the magnitude of the task confronting us, and of failure at what is not being accomplished, that we should view these figures.

There were 14 deaths of infants under one year of age giving an infant mortality rate of 25·8 per thousand live births. This is the lowest figure ever recorded in Spenborough, and while one hesitates to draw broad conclusions from a good year, at least one feels entitled to ascribe to the preventive medical services some contribution to this achievement. There is, however, little doubt that babies still die who could be saved and that much still remains to be done to preserve these lives of the country's greatest asset—its children. Of the fourteen infant deaths, five were due to prematurity, and the survival rate of premature infants at different weights is comparable with that for any other area in the country. Moreover, we have not found that the survival of the premature infant in its first days of life is more certain in a hospital than in a suitable home, although this statement is not easy of proof where dealing with small numbers.



# CAUSES OF AND AGES AT DEATH DURING THE YEAR 1950.

	All Ages	Under 1 year	1—4	5—14	15—24	25—44	45—64	65—74	75 and Over	Males	Females	Deaths in Institutions
Tuberculosis respiratory ...	7					1	5	1		6	1	
Tuberculosis other ...	2			1		1				1	1	1
Measles ...	1		1							1		
Cancer ...	90				2	7	20	34	27	43	47	23
Diabetes ...	4						1	3			4	2
Vascular lesions of nervous system ...	74					1	13	27	33	30	44	11
Coronary disease angina ...	67					1	18	23	25	43	24	16
Hypertension with heart disease ...	15						6	6	3	8	7	6
Other heart disease ...	118					2	18	39	59	42	76	17
Other circulatory disease ...	11						2	6	3	7	4	2
Pneumonia ...	14	3	2				4		5	2	12	8
Bronchitis ...	40					2	16	9	13	26	14	6
Other respiratory diseasea ...	4						3		1	3	1	
Ulcer of stomach & duodenum	1							1		1		1
Gastritis, enteritis & diarrhoea	3	3									3	2
Nephritis & nephrosis ...	10			1			5	2	2	2	8	2
Hyerplasia of prostate ...	4							1	3	4		4
Pregnancy, childbirth ...	1					1					1	1
Congenital malformation ...	2	2								2		1
Other defined & ill defined causes ...	33	5		1		3	6	8	10	18	15	
Motor vehicle accidents ...	4		1		1		1	1		3	1	1
All other accidents ...	11	1				4	3	3		9	2	2
Suicide ...	8				1		5	1	1	6	2	3
TOTAL—All Causes ...	524	14	4	3	4	23	126	165	185	257	267	109



CAUSES OF INFANTILE MORTALITY IN SPENBOROUGH URBAN DISTRICT, 1950

Cause of Death	Under 1 day	1 day	2 days	3 days	4 days	5 days	6 days	7—13 days	14—20 days	21—28 days	28 days—2 months	3 months	4 months	5 months	6 months	7 months	8 months	9 months	10 months	11 months	12 months	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	In First Year
Premature Birth	2	1	2																			3	2			5
Broncho Pneumonia									1	1	1											2	1			3
Gastro Enteritis											1		1		1								2	1		3
Congenital Malformations		1											1									1	1			2
Asphyxia—Misadventure													1										1			1
TOTALS	2	2	2						1	1	2		3		1							6	5	2	1	14

## PREMATURE INFANTS.

(i) The number of premature babies notified during the year whose mothers are normally resident in the Council's area							38
(ii) The total number of premature babies notified during the year that were born :—							
(a) at home	...	...	...	...	...	...	10
(b) in hospital or nursing home	...	...	...	...	...	...	28
(iii) The number of those born at home :—							
(a) who were nursed entirely at home	...	...	...	...	...	...	10
(b) who died during the first 24 hours	...	...	...	...	...	...	3
(c) who survived at the end of one month	...	...	...	...	...	...	6
(iv) The number of those born in hospital or nursing home :—							
(a) who died within the first 24 hours	...	...	...	...	...	...	—
(b) who survived at the end of one month	...	...	...	...	...	...	26

**TABLE SHOWING BIRTH WEIGHTS OF PREMATURE INFANTS.**  
**Domiciliary Confinements.**

Birth Weight lbs.      ozs.	No. of Infants	No. of Infants who survived		
		24 hours	2-7 days	1 month
2      —	1			
2      12	1			
3      1	1			
3      6	1	1	1	1
4      2	1	1	1	1
4      9	1	1	1	1
5      —	3	3	2	2
5      4	1	1	1	1
Totals	10	7	6	6

**Institutional Confinements.**

Birth Weight lbs.      ozs.	No. of Infants	No. of Infants who survived		
		24 hours	2-7 days	1 month
3      15	1	1	1	1
4      2	1	1		
4      6	1	1	1	1
4      7	1	1	1	1
4      9	2	2	2	2
4      10	1	1	1	1
4      12	1	1	1	1
4      13	1	1	1	1
4      14	1	1	1	1
4      15	1	1		
5      —	3	3	3	3
5      1	1	1	1	1
5      2	1	1	1	1
5      3	4	4	4	4
5      4	1	1	1	1
5      6	4	4	4	4
5      7	1	1	1	1
5      8	2	2	2	2
Totals	28	28	26	26

Birth Rates, Death Rates, Analysis of Mortality, Maternal Death Rate and Case Rate of Certain Infectious Diseases in 1950 compared with other areas.

	England and Wales	126 County Borough and Great Towns including London	148 Smaller Towns (Resident Pop. 25,000 to 50,000 at 1931 Census)	London Admin. County	Spennings- borough
<b>Births</b>	Rates per 1,000 Home Population				(15.1)*
Live births ... ..	15.8	17.6	16.7	17.8	14.7
Still births ... ..	0.37	0.45	0.38	0.36	0.54
<b>Deaths</b>					(13.5)*
All causes ... ..	11.6	12.3	11.6	11.8	14.1
Typhoid and Paratyphoid ...	0.00	0.00	0.00	0.00	0.00
Whooping Cough ... ..	0.01	0.01	0.01	0.01	0.00
Diphtheria ... ..	0.00	0.00	0.00	0.00	0.00
Tuberculosis ... ..	0.36	0.42	0.33	0.39	0.24
Influenza ... ..	0.10	0.09	0.10	0.07	0.00
Smallpox ... ..	—	—	—	—	—
Acute poliomyelitis (including polioencephalitis) ... ..	0.02	0.02	0.02	0.01	0.00
Pneumonia ... ..	0.46	0.49	0.45	0.48	0.37
<b>Notifications (corrected)</b>					
Typhoid fever ... ..	0.00	0.00	0.00	0.01	0.00
Paratyphoid fever ... ..	0.01	0.01	0.01	0.01	0.00
Meningococcal infection ...	0.03	0.03	0.02	0.03	0.02
Scarlet fever ... ..	1.50	1.56	1.61	1.23	0.59
Whooping cough ... ..	3.60	3.97	3.15	3.21	3.45
Diphtheria ... ..	0.02	0.03	0.02	0.03	0.00
Erysipelas ... ..	0.17	0.19	0.16	0.17	0.21
Smallpox ... ..	0.00	0.00	—	—	—
Measles ... ..	8.39	8.76	8.36	6.57	12.2
Pneumonia ... ..	0.70	0.77	0.61	0.50	0.86
Acute poliomyelitis (including polioencephalitis) ... ..					
Paralytic ... ..	0.13	0.12	0.11	0.08	0.11
Non-paralytic ... ..	0.05	0.05	0.06	0.05	0.00
Food poisoning ... ..	0.17	0.16	0.14	0.25	0.00
Rates per 1,000 Live Births					
<b>Deaths</b>					
All causes under 1 year of age ...	29.81	33.8	29.4	26.3	25.8
Enteritis and diarrhoea under 2 years of age ... ..	1.9	2.2	1.6	1.0	5.5
Rates per 1,000 Total (Live and Still) Births					
<b>Notifications (corrected)</b>					
Puerperal fever and pyrexia ...	5.81	7.43	4.33	6.03	1.78
Maternal Mortality in England & Wales					
	Rates per 1,000 Total (Live & Still) Births		Rates per million women aged 15—44		
651 Abortion with sepsis ... ..	0.09		7		—
650, 652. Other abortion ... ..	0.05		4		—
640-649, 670-678. Complication of preg- nancy and delivery ... ..	0.54		—		1.78
681 Sepsis of childbirth and the puerperium	0.03		—		—
680, 682-689. Other complications of the puerperium ... ..	0.15		—		—

‡Per 1,000 related live births.  
\*Figures in brackets are standardised rates



## INFECTIOUS DISEASE.

The commonest infectious diseases, Measles, Whooping Cough and Chicken Pox were very prevalent throughout the district during the year, increasing steadily from the first quarter, and at the end of the year showing no evidence of abating. There was one death ascribed to Measles and fourteen deaths to Pneumonia.

In the case of Measles and Chicken Pox there is not a great deal that can be done to abort the epidemic, although very often a great deal can be done in the individual household by a timely diagnosis and by skilled advice in protecting the more susceptible members of the family. In the case of Whooping Cough, it is believed that an immunising agent of value exists and it is regretted that the County Council has not exercised its powers under Part III of the National Health Service Act to make this available to the public through Public Health Departments in the same manner as for immunisation against Diphtheria. While it can at this stage be taken, I think, as fairly certain that protection against Whooping Cough would not be of the same order of certainty as that applicable to Diphtheria, many believe that its efficacy is such as to warrant its use on a large scale even at this stage.

I am proud to report that for the second year in succession no cases of Diphtheria occurred in the district. The decline throughout the country in the incidence of Diphtheria, which is a serious and a killing disease, is one in which all branches of the medical profession should take high credit, but it is necessary constantly to remind individual citizens of their continuing social responsibility in securing the protection of their children against this disease. There is a tendency for mothers to neglect it in the earlier years of life and this is playing with fire. Every child should be immunised within the first year of life.

The protection of vaccination against Smallpox is also not so generally accepted by the public as it ought to be. Here in Spensborough we have had no cases of Smallpox since 1930, but during the year cases occurred in other parts of the country and indeed there was something of a scare in parts of the West Riding, resulting in larger numbers than usual seeking vaccination at the last moment. This is a foolish attitude to adopt because vaccination causes less physical inconvenience and is a safer procedure during the first few months of life than when it has to be performed as an emergency for the first time in later years.

Four cases of Poliomyelitis occurred in Spenborough, but they appeared to be entirely unrelated to each other and there never appeared the likelihood that there would be a heavy incidence as in the previous year. Happily there were no deaths from this disease, although it appears likely that in at least three of the cases considerable disability may remain, if not permanently, at least for some time to come.

**Tables showing the amount of diphtheria immunisation carried out during the year and the state of diphtheria immunisation in the child population.**

Period	Primary Injections		Re-inforcing
	Under 5	5-14	
Six months ending 30th June, 1950	185	20	75
Six months ending 31st December, 1950	143	14	218
Totals for 1950	328	34	293

Number of children immunised for the first time during each half-year.

	First half-year	Second half-year	Total
1944	145	188	333
1945	207	218	425
1946	318	219	537
1947	150	390	540
1948	545	269	814
1949	227	250	477
1950	205	157	362

Age at 31-12-50 <i>i.e.</i> , Born in year	Under 1 1950	1 1949	2 1948	3 1947	4 1946	5-9 1941-45	10-14 1936-40
Number immunised	8	235	375	495	418	1917	1882
Estimated mid-year child population, 1950	Children under 5 3009					Children 5-14 4769	
Percentage of child pop. immunised	50·8%					79·7%	

**Table showing persons vaccinated during 1950.**

Age at 31st December, 1950, <i>i.e.</i> , born in year	Under 1 1950	1-4 1946-49	5-14 1936-45	15 or over before 1936	Total
Number vaccinated	77	35	57	67	236
Number re-vaccinated	—	6	20	120	146

Diphtheria immunisation and smallpox vaccination are made available free of charge by arrangements made by the County Council with the general practitioners, and through the Public Health Services. Arrangements are made to carry out vaccination and immunisation at all the Child Welfare and School Clinics in the area, and special sessions are held at schools where sufficient numbers justify it. During the past few years approach has been made to the parents of every child attending school, who has not already been immunised, in an attempt to raise the general immunity of the school population, in particular, against diphtheria.



**CASES OF INFECTIOUS DISEASE**  
 occurring in Spenborough Urban District classified according to Areas and Quarters, 1950.

Disease	Cleckheaton, Hunsworth Oakenshaw and Scholes				Liversedge, Roberttown, Hartshead and Norristhorpe				Gomersal and Birkenshaw				Spenborough			
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
Whooping Cough ...		2	36	18	1	10	28	16					1	15	69	43
Measles ...	2	68	46	91	8	16	59	87	9	3	5		19	100	151	183
Chicken Pox ...	24	8	29	49	15	15	42	11	22	12		3	61	35	71	63
Scarlet Fever ...		1	3	1	4	3	4	3	2	1			6	5	7	4
Pneumonia ...	10	2	5	1	7		3	1	3				20	2	8	2
Erysipelas ...	1	3	1		1	1	1						2	4	2	
Poliomyelitis ...					1	1					1		1	1	1	1
Cerebro-Spinal Fever ...								1								1
Dysentery ...		14	2		1	6	1			6	2		1	26	5	
Puerperal Fever ...						1								1		
TOTALS ...	37	98	122	160	38	53	138	119	36	38	54	18	111	189	314	297



**CASES OF INFECTIOUS DISEASE**  
**occurring in Spenborough Urban District classified according to Age Groups and Wards, 1950.**

	All Ages	Under 1 year	1 to 5 years	5 to 15 years	15 to 25 years	25 to 45 years	45 to 65 years	Over 65 years	Oakenshaw and Hunsworth	Scholes	Cleckheaton East	Cleckheaton West	Spen and Littleton	Millbridge	Hightown and Hartshead	Roberttown and Norristhorpe	Gomersal	Birkenshaw	Removed to Hospital
Whooping Cough ...	128	7	90	31					3	5	24	15	11	18	13	22	14	3	
Measles ...	453	11	269	173					34	85	20	44	29	45	53	67	62	14	
Chicken Pox ...	230	5	78	144	2	1			30	23	11	21	31	15	18	44	21	16	
Scarlet Fever ...	22		10	12					1	2		1	1	5	7	2		3	14
Pneumonia ...	32	7	7	4	1	4	7	2	3	1	4	9	2	2	2	7	1	3	
Erysipelas ...	8			1			6	1			2	3			3				
Poliomyelitis ...	4		1	1		2							1			1	2		4
Dysentery ...	32	1	22	3		6			1	1	2	12	1	1	6		5	3	1
Cerebro-Spinal Fever ...	1		1											1					1
Puerperal Fever ...	1				1									1					1
TOTALS ...	911	31	478	369	4	13	13	3	72	117	63	105	76	88	107	137	107	39	21

## TUBERCULOSIS.

Working in close collaboration with the Consultant Chest Physician, an attempt was made to continue the improvement in the Tuberculosis Service in the area which was commenced the previous year, and I believe that we have met with some measure of success, although not entirely satisfied yet that it has reached its peak of efficiency. The notifications of new cases show an increase over last year, although the number of deaths from this disease have substantially decreased.

Upon the ascertainment of a new case of Tuberculosis an investigation is made of the social and housing conditions and of the environment where the person concerned works. Our Social Workers trace the close contacts of the patient and endeavour to have these examined by the Chest Specialist. In a number of cases the Housing Committee have provided suitable housing accommodation for such cases upon my recommendation. Extra Nourishment in the form of milk is provided, National Assistance entitlements are gone into, and from time to time we have obtained further help either from the West Riding Distress Fund or from voluntary agencies within the area. Nevertheless I feel that there is scope for a local After-Care Committee in connection with this work.

The statistical details of tuberculosis in Spenborough are as follows :—

Age Periods	New Cases				Deaths			
	Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
	M.	F.	M.	F.	M.	F.	M.	F.
0	—	—	—	—	—	—	—	—
1	—	1	—	—	—	—	—	—
5	1	1	1	—	—	1	—	—
10	1	—	—	—	—	—	—	—
15	2	—	—	1	—	—	—	—
20	1	2	1	—	—	—	—	—
25	2	2	1	—	—	1	—	—
35	4	1	—	1	—	—	1	—
45	2	—	—	—	2	—	—	—
55	3	—	—	—	2	—	—	—
64 and upwards	1	—	—	—	1	—	—	—
Totals	17	7	3	2	5	2	1	—

One Male Pulmonary removed from the district.  
 One Male Pulmonary Recovery.

The following table gives the number of cases of Tuberculosis on the Register on 31st December, 1950 :—

			Pulmonary	Non-Pulmonary	Total
Males	...	...	128	59	187
Females	...	...	84	53	137
			<u>212</u>	<u>112</u>	<u>324</u>

Fifteen notifications were received of admission of persons suffering from Tuberculosis to Sanatoria and twelve discharges. The following are the institutions to which Tuberculosis patients were sent :—

					Admissions Form I	Discharges Form II
Scotton Banks	...	...	...	...	1	5
Whitley Grange Sanatorium			...	...	2	—
Killingbeck Hospital, Leeds			...	...	3	3
Crookhill Hall Sanatorium	...	...	...	...	—	1
Thornton Lodge Sanatorium, Aysgarth	...			...	1	1
Gateforth Hospital	...	...	...	...	2	1
The Hospital, Middleton, Ilkley	...		...	...	6	1
					<u>15</u>	<u>12</u>

**Mass Miniature Radiography.**

In the latter part of the year, I arranged for the visit of a Mass Miniature Radiography Unit to the area and sessions were held at one of the large industrial concerns and public sessions at the Elm Bank and Valley Road Clinics. Although this took place during extremely inclement weather, the interest of the public in this scheme is reflected in the satisfactory attendances at these public sessions. In all, 2,821 adults and 255 children were X-rayed. Of these, 160 people were recalled for further examination as a result of which the following provisional diagnoses were made :—

					Males	Females	Total
Pneumokoniosis	...	...	...	...	5	—	5
Pleural thickening	...	...	...	...	5	2	7
Bronchiectasis	...	...	...	...	7	3	10
Heart ...	...	...	...	...	3	7	10
Foreign body...	...	...	...	...	2	—	2
Chronic bronchitis	...	...	...	...	3	2	5
Hyperpiesis	...	...	...	...	1	—	1
Bronchial Carcinoma		...	...	...	1	—	1
Basal Fibrosis	...	...	...	...	1	—	1
Diaphragm	...	...	...	...	—	1	1
Abnormal blood vessel		...	...	...	—	1	1
					<u>28</u>	<u>16</u>	<u>44</u>



Where a diagnosis other than Tuberculosis was made the cases were referred to the general practitioners concerned.

	Males	Females	Total
Provisionally diagnosed active Tuberculosis	14	2	16
Provisionally diagnosed in-active Tuberculosis ... ..	16	11	27
Totals ... ..	30	13	43

Where a provisional diagnosis of Tuberculosis was made the persons concerned were invited to attend the Chest Clinic for further examination and the following information has been supplied to me regarding these further examinations :—

	Males	Females	Total
Finally diagnosed as active Pulmonary Tuberculosis ... ..	2	—	2
Finally diagnosed in-active Pulmonary Tuberculosis not requiring treatment ...	6	3	9
Bronchial Carcinoma ... ..	1	—	1
Bronchiectasis ... ..	1	1	2
Other non-tuberculous chest diseases ...	2	3	5
No abnormality detected ... ..	1	3	4
Did not attend ... ..	2	3	5
No. provisionally diagnosed in Spenborough but not there resident ... ..	15	—	15
Totals ... ..	30	13	43

I have receive no information whatever concerning those provisionally diagnosed in Spenborough who would not have been invited to attend the Chest Clinic in this area.



## VENEREAL DISEASE.

The responsibility for measures taken to prevent the spread of venereal disease falls upon the County Council. Owing to the highly confidential nature of this work, field investigation, contact tracing, etc., is undertaken by central office staff specially trained in this work. The medical treatment of cases is largely undertaken by medical specialists employed by the Regional Hospital Board. A very close relationship has been established between these workers, the general practitioners, and the laboratory services of the Medical Research Council. I have to record my appreciation of the co-operation which has always been forthcoming from all concerned.

Facilities for the treatment of venereal diseases are available in the neighbourhood as follows :—

### St. Luke's Hospital, Bradford.

	Women		Men
Monday	10.0 a.m.—12 noon 5.0 p.m.— 7.0 p.m.	Monday	10.0 a.m.—12 noon to Friday 5.0 p.m.— 7.0 p.m.
Tuesday	5.0 p.m.—7.0 p.m.		
Wednesday	10.0 a.m.—12 noon		
Thursday	10.0 a.m.—12 noon		
Friday	5.0 p.m.—7.0 p.m.		

### Huddersfield Royal Infirmary.

	Women		Men
Monday	2.0 p.m.— 4.0 p.m. 5.0 p.m.— 7.0 p.m.	Monday	2.0 p.m.— 4.0 p.m. 5.0 p.m.— 7.0 p.m.
Wednesday	10.0 a.m.—12.0 noon 2.0 p.m.—4.0 p.m.	Wednesday	10.0 a.m.—12.0 noon 2.0 p.m.— 4.0 p.m.
Friday	2.0 p.m.—4.0 p.m. 5.0 p.m.— 7.0 p.m.	Friday	2.0 p.m.— 4.0 p.m. 5.0 p.m.— 7.0 p.m.

### Royal Halifax Infirmary.

	Women and Children		Men
Tuesday	2.30 p.m.—4.30 p.m. 5.0 p.m.—7.0 p.m.	Daily	11.0 a.m.— 8.0 p.m.
		Thursday	6.0 p.m.— 8.0 p.m.

### Dewsbury and District General Infirmary.

Monday	1.30 p.m.—4.0 p.m.	Monday	1.30 p.m.—4.0 p.m.
Friday	6.0 p.m.—9.0 p.m.	Thursday	10.30 a.m.—12 noon
		Friday	6.0 p.m.—9.0 p.m.

## MENTAL HEALTH SERVICES.

### Mental Deficiency.

Mental deficiency means "a condition of arrested or incomplete development of mind existing before the age of eighteen years, whether arising from inherent causes or induced by disease or injury." The duty of ascertaining mentally defective persons and of making provisions for their care and supervision falls to the Local Health Authority, and this work is carried out by the Divisional Medical Officer and his staff. It is at the same time one of the most harrowing and one of the most rewarding tasks which it is our lot to perform. To have to inform a mother that her child is not, and never can be, as other children, is not a task which is looked forward to with anything other than feelings of sorrow, but it is important that it should be done as soon as ever this certainty is established, and in the manner of its telling lies the means of alleviating suffering or causing undue distress. On the other hand much can be done for mentally defective persons, and in the extending scope of their lives and in the hope which is engendered in their parents, lies a rich reward.

By no means are all mentally defective persons unemployable or ineducable. Their classification ranges from the completely ineffective idiot to the high grades of feeble minded and moral defectives who require the minimum of supervision and control for their own protection, and provision is made for their care accordingly. There are the Mental Deficiency Institutions for those who require more care than can be provided at home. There is not yet, however, sufficient accommodation in such Institutions to accommodate all those who should be admitted. Consequently, therefore, burdens are placed both upon parents and relatives, upon the Social Workers who supervise their cases, and at times upon neighbours and other members of the public. In certain cases instruction in simple crafts and allied subjects, in social behaviour and in the management of the defective, is given in the home by specially trained instructors. A commencement in this valuable type of work was made in Spenborough during the year by the engagement of a part-time Social Worker for this task, and this Service has been greatly welcomed by those concerned. It is true to say, however, that greater benefit is obtained by those who are able to attend regularly at occupation centres. The same types of instruction are given in these centres but, of course, the defective enjoys the advantage of community life, and the performance of routine tasks in this community gives that feeling of being wanted and belonging which is so important. As you will know I have for some years now been pressing for the establishment of such a centre in the divisional area but this has not yet come to fruition owing to factors not entirely within my control. Consequently I have accepted with gratitude the provision offered to me for five defectives in the Occupation Centre at Bradford, and one in the Occupation Centre in Leeds. This is not entirely satisfactory owing to travelling difficulties and I regard the provision of an Occupation Centre in the divisional area as of prime importance to our Health Services.



### Mental Deficiency Statistics.

1. Number of defectives on register	...	...	not available			
2. Number of defectives in institutions	...	...	not available			
		Males	Females	Total		
3. Number of defectives under supervision at home :						
(a) Supervision	...	...	...	11	15	26
(b) Guardianship	...	...	...	1	1	2
(c) On licence from institutions	...	...	...	1	—	1
	Totals	...	...	13	16	29
4. Of (3) above :						
(a) Number in gainful employment				4	3	7
(b) Number attending occupation centre	...	...	...	3	3	6
(c) Number receiving home teaching				1	5	6
(d) Number awaiting admission to Institution	...	...	...	1	1	2
	Totals	...	...	9	12	21
5. Placed under supervision in 1950	...	...	...	5	6	11
6. Placed under guardianship 1950	...	...	...	—	1	1
7. Admitted to institutions 1950	...	...	...	3	—	3
8. Admitted to occupation centres 1950	...	...	...	3	3	6
9. Visits paid during 1950 :—						
(a) Visits paid by Home Teacher	...	...	...	4	56	60
(b) To cases on Licence	...	...	...	4	—	4
(c) To cases under guardianship	...	...	...	7	15	22
(d) To cases under supervision	...	...	...	25	23	48
(e) For home reports for institutions				4	5	9
	Total visits	...	...	44	99	143

### Mental Illness.

I mentioned in my Annual Report last year that a start had been made to provide the beginnings of a more complete Mental Service for those who were mentally ill. Unfortunately this service has not yet been greatly extended owing to lack of suitable staff. What little has been done has been done very well and has been of great benefit to several individual patients. Background reports have been prepared and transmitted to various Mental Hospitals concerning patients from our area and this is of value in the treatment of the illness. In addition a number of patients have been visited after discharge from Mental Hospitals and they have been assisted materially in their re-adjustment to normal conditions. Families have been assisted and guided both before the admission of the patient to Hospital, during his absence, and after his return home. Also a number of cases have been visited at the request of General Practitioners and in a few cases arrangements were made, with the General Practitioners' consent, for the patients to be interviewed by Psychiatrists at Hospital Out-Patient Departments.

It is hoped during the coming year to recruit a suitably trained Social Worker for this work who can devote her entire time to it and to extend the scope of the work so that general practitioners and others may seek help with many of their cases before they reach the stage of requiring hospitalisation, and also that other patients on discharge from a Mental Hospital may receive the after-care which means so much in the completion of their cure. Patients from Spenborough generally are admitted to Stanley Royd Hospital, Wakefield, or to Storthes Hall Mental Hospital, Kirkburton. Liaison and co-operation with these Hospitals has improved a little during the year but one feels that much more could still be made of the link between the home, the work and the hospital, which the Public Health Departments can provide.

### Mental Illness Statistics.

	Male	Female	Total
No. of cases on register at 1st January, 1950	14	37	51
No. of cases discharged from mental hospitals during 1950	9	13	22
	<hr/> 23	<hr/> 51	<hr/> 74
No. of cases receiving After-care at 1st January, 1950	5	2	7
No. of new cases receiving After-care during 1950	2	3	5
	<hr/> 7	<hr/> 5	<hr/> 12
No. of cases taken off After-care Register during 1950	1	—	1
No. of cases receiving After-care at 31st December, 1950	6	5	11
No. of cases to be visited to ascertain desire for After-care at 31st December, 1950	17	46	63
No. of visits made to patients during 1950	22	6	28
No. of reports on home conditions requested by, and forwarded to, mental hospitals	1	7	8

During the year the Duly Authorised Officer removed 14 certified cases to Mental Hospitals from Spenborough and 12 voluntary patients were also admitted. In addition to these 9 cases apparently availed themselves of voluntary treatment but were not admitted by the Authorised Officer.



## HOME NURSING SERVICE

There is no need to emphasise the value of the Home Nursing Service to the community in Spenborough. The number of visits paid and the wide variety of cases which they have attended gives some indication of the part the Nurses play in the life of the community. Medical skill is often set at nought if it does not go hand in hand with adequate skilled nursing. I feel that Spenborough is particularly well served in this respect and I feel sure that the General Practitioners would be the first to pay tribute to the good work undertaken by the Home Nurses. It is, of course, mainly a curative service, although the opportunities for education in health exist if they are sought, and now that the Home Nurses stand beside their colleagues in the mainly preventive services there is greater opportunity to further this work also.

The following information relates to the work undertaken by the Home Nurses during the year :—

(a) Number of cases being attended on 1st January, 1950	...	96
(b) Number of new cases attended during the year	...	643
(c) Number of day visits paid during the year	...	16,295
(d) Number of night visits paid during the year	...	611
(e) Number of cases being attended on 31st December, 1950	...	120

The cases visited by the Home Nurses are classified as follows :—

### Medical (495 cases)

Anaemia	...	19	Senility	...	45
Bronchitis and Asthma	...	23	Skin condition	...	9
Cardiac	...	65	Tuberculosis	...	1
Cerebral	...	96	Threadworm	...	24
Constipation	...	24	Carcinoma Breast	...	2
Dis. & Art. Sclerosis	...	3	„ Colon & Rectum	...	3
Diabetes	...	3	„ Prostate	...	1
Fractures	...	10	„ Uterus & Cervix	...	6
Gynaecological	...	22	„ Other sites	...	19
Influenza	...	3	Gastric & Duodenal Ulcers	...	4
Intestinal	...	11	X-Ray Prep.	...	5
Urinary condition	...	11	Acute Abdominal	...	9
Pneumonia & Pleurisy	...	42	Miscellaneous	...	22
Rheumatism & Arthritis	...	13			

### Surgical (244 cases).

Burns & Scalds	...	27	Inflammatory & Septic		
Circumcision	...	18	Condition	...	82
Colotomy	...	3	Tuberculosis	...	1
Empyema	...	1	Varicose Ulcers	...	2
Minor accidents	...	20	Eyes	...	1
Post-operative...	...	46	Ear, Nose & Throat	...	35
Suprapubic	...	2	Miscellaneous Surgical	...	6

## MIDWIFERY.

As was to be expected the number of domiciliary confinements carried out by the Midwives fell again this year. They attended at 182 cases compared with 212 cases in the previous year, but once again great importance was attached to the ante-natal visits paid by the Nurses to the homes of expectant mothers regardless of whether the confinement was to take place at home or not. The Midwives also attended at the Ante-Natal Clinics in the area and consequently they come to know their patients intimately before the confinement takes place and they had the chance of discussing the individual cases with the doctor attending the clinic. Although there were changes in the staff during the year, the work was carried on without undue disturbance, and it was felt justified to reduce the number of staff to four midwives instead of five.

What is gratifying is that 112 women attended by Midwives received Gas and Air Analgesia, and the Midwives now possess a further means of alleviating anxiety and pain in child birth in the permission which has been given them to make use of the drug Pethidine.

Details are given of the work done by the District Midwives during the year :—

(a) Labours conducted—				
(i) As midwife	...	...	...	124
(ii) As maternity nurse	...	...	...	58
Total				182
(b) Ante-natal visits	...	...	...	797
(c) Post-natal visits	...	...	...	3,453

The midwives sought medical aid on 55 occasions, details of which are given below :—

Number of Medical Aid Notices issued because of complications arising in/during—

(i) Pregnancy	...	...	...	10
(ii) Labour	...	...	...	16
(iii) Lying-in ...	...	...	...	16
(iv) The child	...	...	...	13

### Pregnancy.

Ante-partum haemorrhage	...	4	Threatened Abortion	...	2
Abdominal pain	...	1	Post Maturity	...	1
Albuminuria	...	2			

### Labour.

Post-partum haemorrhage	...	2	Prolonged labour	...	1
Precipitate labour	...	1	Midwife not available	...	2
Maternal distress	...	2	Retained placenta	...	1
Ruptured perineum	...	7			

### Lying-in.

Severe cold	...	1	Pyrexia	...	4
Abdominal pain	...	1	Sore nipples	...	1
Skin condition...	...	1	Inverted nipples	...	1
Respiratory condition	...	1	Jaundice	...	2
Anaemia	...	1	Advice on breast feeding		1
Discharge from ear	...	2			

### The Child.

Discharge from eyes	...	3	Feebleness	...	5
Tongue tie	...	1	Prematurity	...	1
Cyanosis	...	2	Severe cold	...	1

## ANTE-NATAL CLINICS.

It is gratifying that approximately 70% of all expectant mothers continued to attend our Ante-Natal Clinics, many of them in addition to the ante-natal care which they receive from the general practitioners. This dual care is to be encouraged. It is right that the general practitioner should know the condition of his patient before her confinement in case his services should be required, or in the event of him undertaking the delivery in person. On the other hand our Clinics have something to offer which the general practitioner or the hospital clinic are not so well adapted to provide. Much of the time in the Ante-Natal Clinic is devoted to pre-natal preparation of the patient for child birth and for breast feeding after the confinement. In many cases exercises designed to procure relaxation and hence to facilitate delivery of the infant, are demonstrated and are practised in the home under the supervision of the visiting midwife who has received instruction in the technique. The apparatus and the administration of Gas and Air Analgesia is explained to the patient



and much interest and co-operation is evidenced in all these matters. Furthermore many patients appreciate the opportunity to discuss home affairs, and their social conditions, with the staff in attendance at the Clinics who have contact with all the other branches of preventive medicine by which so much can often be achieved. In all cases of abnormality the patient is referred to her General Practitioner or to the Consultant of the Hospital Clinic where she is to be confined.

In addition routine examination for determination of the blood group, rhesus factor, together with special examination of the blood is made in all cases and some degree of anaemia is in evidence in approximately 70% of the patients. Appropriate treatment was ordered in each case. In five cases rest for the mother was procured by securing her admission to the Ante-Natal Hostel at Brighthouse and by making suitable arrangements within the home, and in addition domestic help was provided in the homes of 5 expectant mothers and in 48 cases from the period of commencement of the confinement.

Attendances at Ante-Natal Clinics :—

				Ante-Natal	Post-Natal
Elm Bank Clinic	...	...	...	544	30
Valley Road Clinic	...	...	...	726	17
Birkenshaw Clinic	...	...	...	295	8
Total during the year				<u>1565</u>	<u>55</u>

Number of women who attended during the year :—

Elm Bank Clinic	...	...	...	130	27
Valley Road Clinic	...	...	...	182	13
Birkenshaw Clinic	...	...	...	73	6
				<u>385</u>	<u>46</u>

Number of women attending for the first time :—

Elm Bank Clinic	...	...	...	92	27
Valley Road Clinic	...	...	...	133	13
Birkenshaw Clinic	...	...	...	50	6
				<u>275</u>	<u>46</u>

Dental Treatment of expectant mothers :—

No. referred to Dental Officer	...	...	...	...	101
No. found to require treatment	...	...	...	...	96
No. found not to require treatment	...	...	...	...	5
No. who refused treatment offered	...	...	...	...	8
No. who failed to attend for treatment	...	...	...	...	6
No. who received partial treatment	...	...	...	...	3
No. who received full treatment	...	...	...	...	87
No. of teeth extracted	...	...	...	...	168
No. of teeth filled	...	...	...	...	142
Scaling and gum treatment	...	...	...	...	58
No. of patients for whom dentures were fitted	...	...	...	...	20



## BREAST FEEDING.

A survey was carried out of the incidence and duration of breast feeding of infants in the area with particular reference to the reasons for the abandonment of breast feeding within the first two weeks of life, *i.e.*, before the initial visit of the Health Nurse. 461 cases were investigated and the following facts emerged.

Artificial feeding had been commenced in 119 cases by the end of the second week of life representing 25·8% of the total, and the reasons for this were as follows :—

Lactation failed	...	...	...	...	18
Illness of mother	...	...	...	...	17
Lactation not established	...	...	...	...	17
Defective nipples or breast abscess	...	...	...	...	13
Own Doctor's advice	...	...	...	...	13
No adequate reason	...	...	...	...	10
Mother to work	...	...	...	...	7
Difficult labour	...	...	...	...	6
Prematurity	...	...	...	...	5
Adopted	...	...	...	...	5
Child ill in hospital	...	...	...	...	3
Twin pregnancy	...	...	...	...	5

From this point the incidence of breast feeding declined as follows :—

Age groups (in weeks)	Number artificially fed.	Percentage.
2—3	172	37·4
3—4	237	51·4
4—8	291	63·1
8—12	332	72·0
12—20	366	79·8
20—24	413	93·9

Over 6% of the babies were still entirely breast fed for varying periods over the age of six months.

Of those who abandoned breast feeding within two weeks of birth (119 cases) the following table indicates the method of ante-natal care and the place of confinement :—

Primip.	Multip.	Attended A/N Clinic	Attended own Dr.	Confined	
				Hospital	At home
55	64	47	72	96	23
Percentages.					
46	54	39·5	61·5	89·1	10·9

## CHILD WELFARE SERVICES.

### Health Visiting.

We have been fortunate during the year in maintaining the number and quality of our Health Visiting staff in spite of many changes and inadequate numbers of nurses qualifying for the Health Visitor's Certificate. There is scarcely any aspect of preventive medicine in which the modern Health Visitor has not received training and I believe that now, more than ever before, their worth is recognised by all sections of the community.

The duties of the modern Health Visitor cover an enormous field. She is concerned with the visiting of expectant mothers, and of infants in their own homes, with attendances at Ante-Natal Clinics, Post-Natal Clinics, and Infant Welfare Clinics. She is concerned with problem families, and with advising on any health problem within the household particularly in connection with the Home Help Service. She also has duties in relation to the aged and to the school child, and in the latter connection she carries out cleanliness inspections at schools, routine testing of eyes, treatment of minor ailments, and attendance at school medical inspections, very often following up the results of this work into the homes of the children.

It is true to say, however, that her work in connection with infant welfare remains of prime importance. So far as is possible the home of each child is visited as soon as possible after its birth and thereafter at weekly intervals until the age of three months, at fortnightly intervals between three and six months and at monthly intervals thereafter. After the first year of life endeavour is made to visit the homes of all pre-school children at least once in every six months. The value of this work can not be over estimated and taken in conjunction with the work of the Infant Welfare Clinic must have a very great effect upon the health, mental and physical condition, of present and future generations. While there can be little doubt that the Infant Welfare Services have played their part in the reduction of the infant mortality rates over the years it is not in these figures alone that one should look for the value of the Service, but rather in the increasing measure of good health enjoyed by almost every section of the community and in which the Health Visitor and the Maternity and Child Welfare Services have played a notable part.

Number of visits paid during year :—

					1950	1949
(a)	To expectant mothers :—					
	(i)	First visits	...	...	137	129
	(ii)	Total visits	...	...	287	289
(b)	To children under 1 year of age :—					
	(i)	First visits	...	...	495	574
	(ii)	Total visits	...	...	6,950	5,767
(c)	To children between the ages of one and five years :—					
	(i)	Total visits	...	...	3,959	4,141
(d)	To other classes :—					
	(i)	Total visits	...	...	2,584	1,276

### Child Welfare Clinics.

The Child Welfare Clinics have continued to be well attended during the year and although the figures show a decline from 1947 onwards these are to be read in conjunction with the increasing amount of domestic visitation carried out and I do not greatly regret this trend. Certainly it would not be a good thing for the Child Welfare Centres to fall into disuse, but their value is such that there is little likelihood of this coming about.

The dilapidated state of the Child Welfare Centre at Valley Road, Liversedge, has been mentioned by me on several occasions previously and schemes were formulated years ago for this Clinic to be improved. Nothing has yet been done and the point has been almost reached when if nothing is done soon the Clinic will have to be closed. This has been drawn to the attention of the Local Health Authority on more than one occasion. There appears to be some prospect that the work will be put in hand during the coming year.

At all the Child Welfare Clinics medical consultations are available and the parent of each child attending for the first time is asked to have a discussion with the Doctor on the child's condition and its general management. The trouble is, of course, that quite often those in most need of such instruction fail to attend.



# INFANT WELFARE CENTRES.

Name of Centre	Number of Infant Welfare Sessions now held per month	Number of children who attended during the year	Number of Children who first attended during the year and who on the date of their first attendance were :—		Number of children included in column 3 who at the end of the year were :—		Total number of attendances made by children in Col. 3 during the year :—		Medical consultations	
			under 1 yr. of age	over 1 yr. of age	under 1 yr. of age	over 1 yr. of age	under 1 yr. of age	over 1 yr. of age	under 1 yr. of age	over 1 yr. of age
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
Elm Bank, Cleckheaton	4	297	130	27	108	189	1796	431	356	129
Valley Road Clinic	4	228	105	38	87	141	1115	239	276	95
Birkenshaw Clinic	4	180	67	6	60	120	1128	464	132	65
Scholes Clinic	1	47	21	1	13	34	166	89	41	7
Roberttown Clinic	1	64	17	5	15	49	188	76	59	8
Gomersal Clinic	2	132	68	3	61	71	688	158	139	50
TOTALS	16	948	408	80	344	604	5081	1459	1003	354



## PROBLEM FAMILIES.

Our work of supervision of and assistance to Problem Families continued unabated throughout the year. The nature of the work is so varied that it is impossible to give any adequate idea of its scope, of the number of people whom it is necessary from time to time to consult, or of the results achieved. It is now quite true to say that while there are many unsatisfactory households in Spenborough, although no greater than one would expect from an area of this type, there have been no cases during the year in which I have felt it necessary to advise the removal of the children on account of cruelty or gross neglect. Beyond that it is difficult to say very much other than that there has been some little improvement in the condition of many of the families and that had it not been for the supervision which my staff maintained the conditions in several of them would have been very much worse, and the children would have suffered more.

On register beginning 1950	...	...	...	...	17
Removed from district	...	...	...	...	—
Improved	...	...	...	...	—
Added to Register	...	...	...	...	1
Total on Register at end of 1950	...	...	...	...	18
Re-housed	...	...	...	...	—
Visits paid by Health Visitors	...	...	...	...	190
No. school children involved	...	...	...	...	63
No. pre-school children involved	...	...	...	...	22
No. babies born	...	...	...	...	3

## HOME HELP SERVICE.

During this year the Home Help Service got thoroughly into its stride and recruitment of suitable staff became somewhat easier. Our permitted divisional establishment of Home Helps at the beginning of the year was the equivalent of 10, and later increased to 14, full-time Home Helps working 44 hours each per week. In fact, we employed 25 part-time Home Helps and the duties on which they were engaged are listed below :—

- Keep the house clean and tidy.
- Cook and prepare meals for the family.
- Care for any children there may be, and see that those attending school do so punctually and are clean and tidy.
- Undertake the week's family washing and also wash daily for the infant and mother if necessary.

It must not be thought that the running of this service follows the lines of a Domestic Help Agency, because each case to which a Home Help is supplied receives frequent visitation by the Public Health Nurses, and the case is treated as a public health problem and advice and help given in many other directions. Each case is allocated the minimum number of hours of domestic help per week which, from a consideration of all the circumstances, it is felt they can manage with. Anomolies exist in the method of charging for the services of a home help to the recipient and it is quite possible that a household will pay as much for a few hours help as another family in exactly similar financial circumstances have to pay for full-time help. This is unsatisfactory from a number of points of view and should receive attention. Nevertheless the Home Help Service in Spenborough works very well on the whole and is greatly appreciated by those in need, perhaps particularly so by the aged and infirm who require some measure of help in order to continue living in their own homes in reasonable comfort.

The following figures show the number and types of cases provided with Home Help in the Spenborough area during the year :—

Number of cases provided with Home Help during the									
year	...	...	...	...	...	...	...	...	146
Reason for provision :—									
(i) Ill	...	...	...	...	...	...	...	...	51
(ii) Lying-in	...	...	...	...	...	...	...	...	48
(iii) Expectant Mothers	...	...	...	...	...	...	...	...	5
(iv) Aged-ill	...	...	...	...	...	...	...	...	24
(v) Aged-infirm	...	...	...	...	...	...	...	...	17
(vi) Children of school age	...	...	...	...	...	...	...	...	1

## CONVALESCENT HOME TREATMENT.

Under Section 28 of the National Health Service Act, 1946, the County Council is empowered to provide convalescent home treatment. General Practitioners recommend those who are in need of this service and during the year 14 Spenborough residents were admitted to the following Homes :—

Grange-over-Sands	...	...	...	...	2
Men's Convalescent Home, Rhyl	...	...	...	...	6
Craig Convalescent Home, Morecambe	...	...	...	...	1
Rockfield Convalescent Home, St. Annes	...	...	...	...	2
Manchester, Salford Convalescent Home, Southport	...	...	...	...	3

Admission was arranged to hasten recovery from :—

Debility following bronchitis	...	...	...	...	2
Enlarged glands	...	...	...	...	1
Malnutrition	...	...	...	...	1
Chronic ill health	...	...	...	...	1
Gastric ulcer	...	...	...	...	1
Post operative debility	...	...	...	...	2
Arthritis	...	...	...	...	1
Heart Disease	...	...	...	...	1
Hemoptysis	...	...	...	...	1
Bronchiectasis	...	...	...	...	1
Anaemia	...	...	...	...	1
Gastrectomy	...	...	...	...	1



## DAY NURSERIES.

Details are given of the numbers of children dealt with at the Day Nursery during the year. Priority of admission is given to the following classes :—

The young child whose mother is ill or having a baby.

The illegitimate child whose mother is seeking work.

Children of parents who cannot find suitable homes or are living in overcrowded and/or insanitary dwellings.

The young child of the widow who must educate and support her family unassisted.

Children of mothers engaged in essential industries.

In other words the Nursery is used as far as possible to alleviate social distress, and in a few cases, to benefit the child where it is felt that for one reason or another it is not receiving adequate care and attention in the home. Although there are substantial numbers remaining on the waiting list for admission, it is not felt that undue hardship is being caused in any case where it has not been possible to admit the child. Adequate and well balanced diets are supplied in the meals provided, and additional nutrition is supplied in the form of milk and vitamins. A charge of 1/6d. per day is made for each child attending the Day Nursery. Apart from the priority classes given above, and who by and large take up all the available space in the Nursery, the main reasons given by the mothers wishing to place their babies in the Nursery are that extra money is required in the home to meet the increasing cost of living, and very often to meet the increased rents payable when they are re-housed in Council property.

No. of approved places for children 0-2 years	...	...	15
No. of approved places for children 2-5 years	..	...	25
No. of children on register at 31st December, 0-2 years			10
No. of children on register at 31st December, 2-5 years			25
No. of attendances 0-2 years	...	...	2428
Average daily attendance 0-2 years	...	...	10
No. of attendances 2-5 years	...	...	5194
Average daily attendance 2-5 years	...	...	21
No. of days nursery open	...	...	247

Day Nursery accommodation for 40 children was made available to their employees by one private firm locally and this is a venture which will be maintained and perhaps extended so long as present economic conditions and shortage of labour persist. The Public Health Staff have maintained supervision of this Nursery also and have assisted from time to time with advice regarding the diets, hygiene, investigation of infectious diseases, etc.



## SCHOOL HEALTH SERVICE.

During the year more school medical work was done in Spensborough than probably ever before mainly due to the increased staff available and to the arrangements which we were able to make with the head teachers and the Divisional Education Officer. For the first time for many years every child attending school has been examined at that stage in his career at which the regulations prescribe medical examination, that is to say, on entering primary school, on leaving primary school, and on leaving secondary or grammar school. The facilities for the treatment of various defects have been extended by the addition of ultra violet light therapy, the extension of the physiotherapy service, the provision for speech therapy, and the increased work of the eye and chiropody services.

A glance at the table of special examinations and the recommendations for special educational treatment will indicate the value of the public health services in dealing with handicapped children of all classes, and this work is a field in which the Medical Officer of Health is more favourably placed than any other individual, or indeed, any other service. Unhappily our recommendations in respect of these unfortunate children are not always carried out because of shortage of accommodation, but even then we have been able to give a great deal of help to the child who has remained at home even though he would be more suitably placed in a special establishment dealing with his particular problem. Shortage of accommodation for educationally sub-normal children is particularly acute, both locally and nationally, and because of this shortage we are making neither the best of those of inferior ability, nor are we enabling those of greater ability to take the fullest advantage of the educational facilities available.

During the year an attempt was made to carry out a survey of the hearing of children in schools in the divisional area. Because of staff shortages and the time consumed on this work it was only possible to commence the survey on a very restricted front, and by the end of the year the findings had not been completed. A full report on the survey is given within this section. I am not yet able to furnish any conclusions from this report other than that there appears to be quite a large number of children who would benefit from further testing and from a complete otological examination by an appropriate consultant. One feels, however, that there may be a few children attending school in the area whose education could be facilitated if the condition of their hearing power were more fully investigated.

Total number of children examined at Routine Medical Inspections.

Entrants	...	...	...	...	...	...	570
Intermediates	...	...	...	...	...	...	553
Leavers	...	...	...	...	...	...	276
Total							1399

Total number of children who have been re-examined for follow-up defects ... .. 499

Standards of physical development classified into age groups :—

Age Group	Nutrition A Above Average	Nutrition B Average	Nutrition C Poor
Entrants	216	352	2
Intermediates	186	356	11
Leavers	139	136	1
Totals	541	844	14

Percentages.

Age Group	Nutrition A Above Average	Nutrition B Average	Nutrition C Poor
Entrants	37·9	61·8	0·3
Intermediates	33·6	64·4	2·0
Leavers	50·3	49·3	0·4
Totals	38·6	60·4	1·0

During the year 390 free issues of dietary supplements in the form of iron tonics were made to school children of poor physical development where recommended by the School Medical Officer.

The following table shows the number and type of defects discovered at the Routine School Medical Inspections :—

Defects Table.

Defects	Recommended for Treatment	Recommended for Observation	Total
Skin ... ..	21	22	43
Ears—Hearing ... ..	2	1	3
Otitis Media ... ..	1	3	4
Other ... ..	3	1	4
Nose and Throat ... ..	74	76	150
Speech ... ..	9	6	15
Cervical Glands ... ..	9	37	46
Heart and Circulation ... ..	10	33	43
Lungs ... ..	4	14	18
Orthopaedic ... ..	102	58	160
Other Defects ... ..	43	66	109
Total ... ..	278	317	595

SPECIAL EXAMINATIONS.

In accordance with the requirements of the Education Act, 1944, a number of children have been referred by the Education Authority which has necessitated the arrangement of special examinations. During the year 26 children were examined and 24 other children were re-examined. The following recommendations regarding their education were made :—

Education in a School for Physically Handicapped ... ..	1
„ „ Special Class in Ordinary School ... ..	3
„ „ School for Epileptics ... ..	2
„ „ Open Air School ... ..	5
„ „ Hospital School ... ..	2
„ „ School for Educationally Subnormal Pupils ... ..	4
„ „ Hostel for Maladjusted ... ..	1
„ „ School for the Blind ... ..	1
„ by Home Tutor ... ..	2
„ in Ordinary School ... ..	17
Exclusion from school ... ..	1
Reported to Local Authority for the purposes of the Mental Deficiency Acts ... ..	11

During the year the following admissions to special schools were made :—

School for Partially Sighted ... ..	1
Open Air School ... ..	2
Hostel for Maladjusted ... ..	1
Hospital School ... ..	1

In addition 5 of the children reported to the Local Authority for the purposes of the Mental Deficiency Acts were admitted to Occupation Centres.



## DENTAL INSPECTION AND TREATMENT OF SCHOOL CHILDREN.

I am indebted to the County Dental Officer and to Mr. H. Taylor, the Dental Officer at Elm Bank, for supplying me with the following figures relating to dental inspection and treatment in the schools of Spenborough during the year. This appears to be a gratifying record of work done.

In view of the disintegration of the preventive dental services throughout the country, Spenborough has indeed been fortunate that it has never been without a School Dental Officer. One realises this acutely during medical examinations in this area and in others where routine dental inspection and treatment is not available.

Routine Inspections	...	...	...	4218
Offered treatment	...	...	...	1797
Non-routine inspections	...	...	...	120
Offered treatment	...	...	...	112
Half-days spent carrying out inspections				30
Half-days spent carrying out treatment...				459
Children treated	...	...	...	1757
Attendances	...	...	...	2885
Local Anaesthetic	...	...	...	504
General Anaesthetic	...	...	...	436
Temporary Extractions	...	...	...	1726
Permanent Extractions	...	...	...	191
Temporary Fillings	...	...	...	293
Permanent Fillings	...	...	...	1878
Temporary Other Treatment	...	...	...	60
Permanent Other Treatment	...	...	...	738

## EYES.

The Eye Clinic was held one day each week at Elm Bank, and whenever necessary an additional clinic was held at the Valley Road Clinic. Where spectacles are prescribed by the Ophthalmologist the prescriptions, after recording, are sent to the parents to take to the optician of their choice, who undertakes the provision of the spectacles. It is very seldom that we hear on what date these are supplied, and I feel that the system formerly in operation, whereby the spectacles were returned to the clinic for supplying to the children, had much to commend it.

The following statistics give details of the cases examined :—

Number of children examined for the first time	...	169
Number of re-examinations	...	319
Total number of attendances	...	581
Number of sessions held during the year	...	127
Number for whom spectacles were prescribed	...	212
Number referred for operation	...	1
Recommended special schooling	...	2

## ULTRA VIOLET LIGHT CLINIC.

An Ultra Violet Light was installed at Elm Bank at the end of last year and clinics commenced in February. The following are the details of attendances and types of cases treated :—

No. of sessions held weekly	...	...	...	2
No. of cases treated	...	...	...	94
No. of treatments	...	...	...	1093
Average No. of attendances per case	...	...	...	11·5
Average length of course of treatment	...	...	...	12 weeks
No. on register at end of year	...	...	...	23
Details of cases treated :				
Anaemia and general debility	...	...	...	29
Chest complaints :	(a)	Bronchitis	...	10
	(b)	Bronchiectasis	...	2
	(c)	Asthma	...	2
	(d)	Frequent catarrhal colds	...	19
Enlarged cervical glands	...	...	...	8
Orthopaedic :	(a)	Knock Knee	...	2
	(b)	Poor Muscular development	...	4
	(c)	After poliomyelitis	...	1
Blepharitis	...	...	...	2
Furunculosis	...	...	...	3
Skin diseases :	(a)	Infantile eczema	...	1
	(b)	Psoriasis	...	1
Prematurity...	...	...	...	1
Rheumatism	...	...	...	1
Pre-tonsillectomy	...	...	...	7
Post-operative	...	...	...	1
				94

## MINOR AILMENTS

Minor ailments are treated by the nurses both at the clinics and in the schools. The following table gives details of such treatments during 1950 :—

Minor Ailment	No. treated
Skin :	
Ringworm—body ... ..	1
Scabies ... ..	6
Impetigo ... ..	63
Other skin diseases ... ..	206
Eye Disease ... ..	74
(External and other, but excluding squint, errors of refraction and cases admitted to hospital).	
Ear Defects :	
Otitis media ... ..	3
Otorrhea ... ..	43
Other ... ..	7
Miscellaneous ... ..	1,779
(e.g., minor injuries, bruises, sores, chilblains, etc.)	
Total ... ..	2,182
Total number of attendances at Authority's Minor Ailment Clinics ... ..	
	2,278

## ORTHOPAEDIC CLINIC.

The special orthopaedic clinic which was held monthly at Staincliffe was discontinued at the end of last year consequent upon reorganisation there and children were referred either to the Out-Patient Department at Staincliffe or to the Ellison Clinic. A total of 36 children were seen, including 24 referred for the first time. The following table shows the number and type of defects treated :—

Defect.	No. of Children
Bilateral Hallux Valgus & Hammer toe ...	1
Genu valgum ... ..	5
Hallux Valgus ... ..	1
Pes cavus ... ..	2
Pes planus ... ..	6
Sprain ... ..	1
Overlapping toes ... ..	1
Spasticity ... ..	1
Pes valgus ... ..	1
Hallux rigidus ... ..	1



## PHYSIOTHERAPY.

The Physiotherapist continued to attend Elm Bank Clinic for two half-day sessions a week, and a total of 88 half-day sessions was held during the year. The following table shows details of attendance and type and number of defects referred :—

No. of children on register 1st January, 1950	...	...	68
No. of children referred for treatment	...	...	48
Total number of attendances	...	...	1011
Total number of treatments	...	...	1321
No. of children discharged	...	...	64
No. of children on register 31st December, 1950	...	...	52

Defect.	Number.
Asthma	4
Bronchitis	2
Chest exercises	7
Posture	20
Flat feet	11
Knock knee	3
Walking exercises	1
Total	48

## CHIROPODY.

The chiropodist continued to hold two half-day sessions a week at Elm Bank Clinic and during the year 100 half-day sessions were held, at which 256 individual patients were treated. These patients received a total of 1,176 treatments and at the end of the year there were 21 cases on the waiting list. The following table gives the types and numbers of treatments given :—

Defects	Number	Defects	Number
Hallux Valgus	37	Pes Planus	17
Hammer Toes	26	Under/overlapping Toes	58
Pes Cavus	5	Hallux Rigidus	4
Corns and Callus	48	Verrucae Pedis	50
Nail Conditions	20	Tinea Pedis	5
Chilblains	20	Bursitis	10

## CLEANLINESS INSPECTIONS.

Three routine cleanliness inspections were carried out at each school by the school nurses and a total of 11,812 inspections and re-inspections were carried out. 695 individual children were reported to be unsatisfactory on 1,021 occasions, but it should be pointed out that in the majority of cases the degree of infestation is extremely light.

## GROUP TESTING OF THE HEARING OF SCHOOL CHILDREN USING THE GRAMOPHONE AUDIOMETER.

A Western Electric Gramophone Audiometer (Mains Model) was received in June, 1950, and it was decided to carry out surveys of the hearing of school children by this means commencing in the Autumn term of the school year.

Using this instrument it is possible to test the hearing of 20 children at the same time and it is possible to estimate the degree of hearing loss in decibels. Where there is a difference in auditory acuity between the right and left ears the amount which a child can hear in the better ear generally determines the suitability of the child for education by ordinary methods. It may, however, be highly important to ascertain hearing loss in one ear as a possible guide towards future selection of employment, as an indication of established or incipient disease, or by the correction of the defect to increase the happiness of the child and in some instances to improve its educational attainment.

In the present survey it was realised that the other commitments of the staff available, *i.e.*, doctors and health visitors, and the difficulties in co-ordinating testing into school curricula, together with the difficulty in providing suitable accommodation for testing, would restrict the extent to which it would be possible to proceed. It was decided, therefore, to test, if possible, all the children in one age group and thereafter, to carry out as many examinations as possible without regard to the completion of other age groups in the meantime. It was decided to test all the children attending school between the ages of 11 and 12 years at the 31st December, 1950. The reasons for selection of this particular age group were as follows :—

1. Children of this age are concentrated in a small number of schools.

2. They are commencing the second stage of their school career, and, therefore, any recommendations which it was felt desirable to make could be carried out at the commencement of a new school life.

3. At this age they are more quick to apprehend the requirements of the test than younger children.

It was decided that all children with a hearing loss greater than 9 decibels in one ear would receive further testing by pure tone audiometer, and those who did not perform satisfactorily on this instrument would be referred to an Otologist for further examination and advice. The results of this testing are summarised below.

Group Testing					Double Failures									
Group	No. tested in Test 1 (A)	Failure in Test 1		% Failure Test 1 (A)	Tested Test 2 (B)	Failed in Both Ears	% of Total Tested (B)	No. of Failure in One Ear	18 db. or over	15-17 db	12-14 db.	9-11 db.	Total double Failures for P.T. Audiometer	Total % of Double failures
		One Ear	Both Ears											
11 yrs.	541	88	61	27·54	149	24	4·43	44	14	8	7	15	68	12·56
12+ yrs.	213	16	7	10·79	23	2	0·93	4	2	—	2	—	6	2·81
8 yrs.	58	26	16	72·41	42	9	15·51	10	2	2	3	3	19	32·75
Totals	812	130	84	26·35	214	35	4·31	58	18	10	12	18	93	11·45

These show that 12·56% of the 11 year age group require further re-testing by the pure tone audiometer and 11·45% of the entire group require such re-testing. It has not been possible at the time of writing to have this carried out owing to non availability of a pure tone audiometer. It is felt that it would not be proper to refer all these children to the otologist without further screening by pure tone testing.

The difficulties which were encountered in the testing were (a) Unsuitable premises. The majority of the schools were unable to provide suitable premises because of background noise, lack of space or non availability of proper electrical connections.

Nevertheless it was not felt practicable to carry out this testing other than at school.

(b) Considerable time had to be spent in arranging visits to schools so as not in interfere unduly with the school curriculum.

(c) In surveying the whole of a particular group absenteeism leads to a great waste of time, necessitating re-visiting, etc.

(d) In testing the 8 year group, difficulty was experienced in effecting comprehension of the requirements of the test and in a number of cases it was felt that the child failed on hearing because of the concentration required to write the appropriate number.

(e) There appeared to be little doubt that “ bright children ” did themselves more justice on this type of test than the duller children with slower cerebation.



(f) Lacking an audiometric team able to devote their entire time to this work, difficulty was experienced in making present staff available for group testing while fitting this into other work which could not be neglected.

(g) Allowance had constantly to be made in very varying conditions of testing, for background noise. This is a factor which is personal to the examiner and could only be made accurately by a person with very considerable experience in this work.

Although this survey is very far from being complete in itself, it is felt that valuable results might proceed from widespread application of tests throughout the County. In particular, it would be interesting and valuable to know to what extent apparent hearing defect is related to backwardness at school, or to what extent backwardness at school is related to hearing defect. Probably throughout the County sufficient number of ascertained educationally subnormal children are known, to make such a survey worth while.

It is felt that if this were to proceed on a County basis, by which alone substantial results could be achieved, the employment of three audiometric teams would be a necessity.

The section of the work which follows, relating to the Sanitary Circumstances of the area and the work of the Sanitary Inspectors, has been compiled by Mr. J. F. TEMPLEMAN, Chief Sanitary Inspector.

**FACTORIES ACT, 1937.**

**Factories (Mechanical and Non-Mechanical)**

There are 342 factories in the area. Of these 276 are factories with mechanical power and 66 without. 124 inspections and revisits were made to these premises and the following improvements were carried out :—

**Improvements.**

Artificial lighting provided to conveniences	...	...	8
Dirty walls of conveniences cleansed	...	...	1
Repairs to W.C. seats and doors	...	...	4
Fastenings provided to doors of W.C. compartments	...	...	5
Lack of intervening ventilated space to W.C. compartments	...	...	6
Provision of permanent ventilation	...	...	4
Provision of W.C's.	...	...	2
Cleansing of eavesgutter	...	...	1

**Outworkers.**

5 persons in the district were notified to the Department during the year. These were all engaged in the making of wearing apparel for firms outside the area. The premises were visited and all were found satisfactory.

No difficulties were encountered in the administration of the Factories Act. It was not necessary to institute proceedings during the year as all informal notices were complied with.

**INSPECTION AND SUPERVISION OF FOOD.**

**A. SALE OF MILK.**

**1. The Milk and Dairies Regulations, 1949.**

Distributors of Milk residing in the area	...	...	56
Distributors of Milk residing outside the area	...	...	9
(a) <i>The Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949.</i>			
Dealers' Licences to sell Pasteurised Milk	...	...	14
Supplementary Licences to sell Pasteurised Milk	...	...	8
Dealers' Licences to sell Sterilised Milk	...	...	37
Supplementary Licences to sell Sterilised Milk	...	...	1
(b) <i>The Milk (Special Designation) (Raw Milk) Regulations, 1949.</i>			
Dealers' Licences to sell Tuberculin Tested Milk	...	...	22
Supplementary Licences to sell Tuberculin Tested Milk	...	...	9

## B. MEAT INSPECTION.

The following table shows the number of animals slaughtered at the Public Abattoir, Liversedge. One Inspector is employed full-time at the Abattoir to ensure 100% inspection :—

Month.			Beasts	Sheep	Pigs	Calves	Total
January	...	...	232	1293	98	82	1705
February	...	...	185	988	74	64	1311
March	...	...	190	965	116	46	1317
April	...	...	245	495	177	44	951
May	...	...	378	319	198	8	903
June	...	...	163	544	41	4	752
July	...	...	385	522	15	72	994
August	...	...	585	1665	15	50	2315
September	...	...	840	1725	12	145	2722
October	...	...	896	2668	37	160	3761
November	...	...	722	2254	26	159	3171
December	...	...	429	930	92	129	1580
			5250	14368	901	963	21482

### Carcases Inspected and Condemned.

	Cattle	Cows	Calves	Sheep and Lambs	Pigs
Number killed ... ..	3911	1339	963	14368	901
Number inspected ... ..	3911	1339	963	14368	901
<b>All diseases except T.B.</b>					
Whole carcases condemned ...	1	3	—	—	1
Carcases of which some part or organ was condemned ... ..	1405	1321	14	632	65
Percentage of the number inspected affected with diseases other than T.B. ... ..	35.9%	91.1%	1.5%	4.4%	7.2%
<b>Tuberculosis only.</b>					
Whole carcases condemned ...	7	39	3	—	3
Carcases of which some part or organ was condemned ... ..	314	500	15	—	8
Percentage of the number inspected affected with Tuberculosis ... ..	8.2%	40.3%	1.9%	—	1.2%

Thirty-nine whole cow carcases were condemned as against 19 in 1949. The percentage for tuberculosis in cows rose by 24.3%.

Total weight of meat condemned during the year was :—

	Tons	cwts.	qrs.	lbs.
Tuberculosis ... ..	26	1	—	18
Other diseases ... ..	18	12	3	2 $\frac{3}{4}$
	44	13	3	20 $\frac{3}{4}$



## 2. The Milk and Dairies Regulations, 1949.

*Details of work carried out :—*

Supply of hot water to dairy	...	...	...	...	2
Filling of milk receptacles on highways	...	...	...	...	3
Deposit of milk on highways	...	...	...	...	6
Carrying of pig swill, etc.	...	...	...	...	4
Removal of accumulation	...	...	...	...	1
					<hr/> 16 <hr/> <hr/>

## 3. Milk Sampling.

The following tables show the number and results of samples taken by the Department :—

	Satisfactory	Unsatisfactory	Total
Accredited ... ..	14	1	15
Pasteurised ... ..	6	3	9
Tuberculin Tested ... ..	3	—	3
Tuberculin Tested (Pasteurised) ... ..	3	2	5
Raw Milk ... ..	66	4	70
	<hr/> 92 <hr/> <hr/>	<hr/> 10 <hr/> <hr/>	<hr/> 102 <hr/> <hr/>

### School Milk.

Pasteurised ... ..	3	1	4
Tuberculin Tested ... ..	2	0	2
	<hr/> 5 <hr/> <hr/>	<hr/> 1 <hr/> <hr/>	<hr/> 6 <hr/> <hr/>

The Milk and Dairies Regulations were strictly enforced during the year. All Milk Distributors now have satisfactory arrangements for the reception of bottled milk. As will be seen from the table above some retailers were still guilty of depositing bottled milk on the highway and carrying pig swill on milk floats.

## 4. Examination for Bacillus Tuberculosis.

During the year, 8 samples of milk were submitted by the Department for examination for tuberculosis. Of these 7 were negative and 1 was positive. 2 samples taken in 1949 were also reported as negative.

As a result of the positive sample, no cow was slaughtered under the Tuberculosis Order. Repeat samples were necessary and other investigations were still proceeding at the end of the year. One cow in the area was slaughtered under the Tuberculosis Order as a result of routine visits by the Ministry of Agriculture and Fisheries.

## Slaughter of Animals Act, 1933.

One new licence was granted during the year making a total of 22 granted for the purpose of slaughtering or stunning animals in a slaughterhouse or knackers yard.

### C. INSPECTION OF OTHER FOODS.

(a) The following unsound food was inspected and condemned during the year :—

					lbs.
Canned Food	...	...	...	...	1196
Canned Meat (Beef, Pork, Rabbit, Ham, Tongue)	...	...	...	...	331
Canned Fish	...	...	...	...	5
Jam and Syrups	...	...	...	...	23
Tinned Eggs	...	...	...	...	42
Eggs	...	...	...	...	97
Sweets	...	...	...	...	72
Cornflakes	...	...	...	...	5
Ground Rice	...	...	...	...	140
Bacon	...	...	...	...	15
Fruit Juices	...	...	...	...	2½
					<hr/>
					1928½
					<hr/>

17 cwts. 1 qr.

(b) During the year six samples of sausage meat were taken and submitted for examination for meat content. The samples were satisfactory.

Eight samples of ice cream were submitted for bacteriological examination. Of these six were satisfactory and 2 unsatisfactory.

### D. INSPECTION OF FOOD PREMISES.

The following table shows the number of food preparing premises registered in the area :—

Bakehouses	...	...	...	...	...	...	18
Fish Frying	...	...	...	...	...	...	52
Ice Cream Manufacturing	...	...	...	...	...	...	6
For the Sale of Ice Cream	...	...	...	...	...	...	70
Premises used for the preparation or manufacture of sausages, potted, pressed, pickled or preserved food intended for sale	...	...	...	...	...	...	30

During the year one application for the registration of premises to be used for the preparation of potted, pickled and preserved food intended for sale was granted. One factory for the manufacture of ice cream was closed as unsuitable during the year. The owner erected a new ice cream manufacturing premises in another part of the district. One other manufacturer removed from the district. There are now six premises registered for the manufacture of ice cream, four for the cold mix process and two for heat treatment.

Sixteen premises were registered for the sale of pre-wrapped ice cream during the year.

During the year 1,282 visits were made to premises where food is prepared for sale or sold. Informal notices were served for the following defects. These were complied with :—

Defective floor	...	...	...	...	...	...	4
Cleansing of walls, ceilings and floors	...	...	...	...	...	...	8
General cleansing of premises	...	...	...	...	...	...	1
Provision of new ceilings	...	...	...	...	...	...	3
Defective roof	...	...	...	...	...	...	1
Repair of wall surfaces	...	...	...	...	...	...	14
Adequate drainage of floor	...	...	...	...	...	...	2
Provision of means of ventilation	...	...	...	...	...	...	1
Provision of means of hot water	...	...	...	...	...	...	21
Provisions of means of washing facilities	...	...	...	...	...	...	7
Removal of accumulations	...	...	...	...	...	...	3
Cleansing of utensils	...	...	...	...	...	...	3
Provision of storage of clothing	...	...	...	...	...	...	3
Provision of new preparation room	...	...	...	...	...	...	1
Infringements of food byelaws	...	...	...	...	...	...	25
							97

In addition three ice cream vehicles, one butcher’s van, and one baker’s van were adapted so as to be suitable for the sale of food in the open air.

During the year the Health Committee adopted codes of practices for the following trades and copies of these, together with a copy of the Food Byelaws, were circulated to all traders.

- Bakers and Confectioners
- Grocers.
- Butchers.
- Fish Friers.
- Cafes, Restaurants and Canteens.
- Bakehouses.

It can be claimed that steady but substantial progress was made in this field during 1950.

E. WATER SUPPLY.

The water supply in the area is satisfactory both in quantity and quality.

Number of dwelling houses supplied direct from main	...	12606
Number of population supplied direct from public water mains	...	36756
Number of dwelling houses supplied from public water mains by means of stand pipes	...	Nil
Number of population supplied from water mains by means of stand pipes	...	Nil

Sampling.

Bacteriological.			Chemical		
Satis- factory	Unsatis- factory	Total	Satis- factory	Unsatis- factory	Total
13	2	15	8	2	10



In addition one sample of spring water was taken for bacteriological examination at the request of an organisation in the district. The result was unsatisfactory and the organisation informed that the water should not be used for drinking purposes. ,

During the year several complaints were received concerning the unsatisfactory taste of the water. This matter was taken up with the Water Engineer, Bradford Corporation, and the taste was attributed to heavy rainfall in the catchment area. The quality of the water was in no way changed and the taste was not detrimental.

A complaint concerning the colour and taste of the water in a factory was investigated. Samples in the factory and check samples outside were taken as follows :—

Seven bacteriological samples were taken, one of which showed slight contamination. Four chemical samples were also taken and these indicated that there was appreciable organic content and an excessive amount of iron in one of them. The samples proved that the iron mains in the works were the cause and not the public supply.

Water at another factory was also suspected of causing diarrhoea amongst the persons drinking it. These cases were confined to persons drinking from one tap, but the possibility of a more widespread contamination could not be ignored. This supply was cut off on the first visit and no further cases were reported.

Investigations were then carried out for two weeks. In all, six samples of water were submitted for bacteriological examination, and four for chemical analysis. From the bacteriological samples it was proved that there was faecal contamination of the water in the suspected tap. Other bacteriological samples in the works were satisfactory. The chemical samples proved that the water in the suspected tap was not Bradford Corporation water. Other chemical samples in the works were satisfactory.

In order to find out which water was the source of the contamination, chemical and bacteriological samples were taken of water from the reservoir in the works which was relayed from Spen Beck. Those samples were identical with those taken from the suspected tap.

A detailed inspection of all the water pipes in the factory revealed that there was one direct connection from the reservoir supply to the mains supply.

The management have agreed to provide a new supply of drinking water.

## SANITARY INSPECTION OF DISTRICT.

Infectious Diseases	...	...	...	...	...	...	172
Dairies	...	...	...	...	...	...	30
Milk Distributors	...	...	...	...	...	...	56
Milk Sampling	...	...	...	...	...	...	120
Water Sampling	...	...	...	...	...	...	33
Ice Cream Street Vendors	...	...	...	...	...	...	4
Ice Cream Shops	...	...	...	...	...	...	63
Ice Cream Sampling	...	...	...	...	...	...	20
Ice Cream Manufacturers	...	...	...	...	...	...	29
Bakehouses	...	...	...	...	...	...	50
Fish Frying Premises	...	...	...	...	...	...	167
Food Preparing Premises and Cafes	...	...	...	...	...	...	103
Butchers' Shops	...	...	...	...	...	...	157
Food Shops	...	...	...	...	...	...	289
Food Inspections	...	...	...	...	...	...	72
Food Byelaws	...	...	...	...	...	...	80
Food Sampling	...	...	...	...	...	...	7
Transport and Handling of Meat	...	...	...	...	...	...	3
Public Abattoir	...	...	...	...	...	...	331
Market	...	...	...	...	...	...	78
Public Houses	...	...	...	...	...	...	23
Shops Act	...	...	...	...	...	...	176
Housing Act	...	...	...	...	...	...	305
Housing Act re-inspections	...	...	...	...	...	...	260
Overcrowding and Points Priority	...	...	...	...	...	...	86
Public Health Act	...	...	...	...	...	...	1489
Public Health Act re-inspections	...	...	...	...	...	...	875
Verminous or Unclean Premises	...	...	...	...	...	...	343
Drainage	...	...	...	...	...	...	489
Water Supply	...	...	...	...	...	...	20
Cesspool Conversions	...	...	...	...	...	...	12
Privy Conversions	...	...	...	...	...	...	223
Rodent Control	...	...	...	...	...	...	324
Sewer Baiting Treatment	...	...	...	...	...	...	420
Offensive Trades	...	...	...	...	...	...	4
Offensive Accumulations	...	...	...	...	...	...	12
Public Cleansing	...	...	...	...	...	...	328
Factories	...	...	...	...	...	...	129
Outworkers	...	...	...	...	...	...	45
Smoke Observations	...	...	...	...	...	...	89
Boiler Plant Inspection	...	...	...	...	...	...	5
National Assistance Act, Section 50	...	...	...	...	...	...	8
Interviews	...	...	...	...	...	...	825
Complaints	...	...	...	...	...	...	356
Miscellaneous	...	...	...	...	...	...	508
							9218

**SUMMARY OF DEFECTS REMEDIED DURING 1949.  
HOUSING ACT, 1936 and PUBLIC HEALTH ACT, 1936.**

Pointing of walls ... ..	45
Mastic pointing ... ..	18
Roofs ... ..	78
Chimney Stacks ... ..	23
Ranges and Flues ... ..	23
Rainwater pipes and gutters repaired ... ..	116
Doors and windows ... ..	66
Provision of ventilation ... ..	3
Defective wall plaster ... ..	43
Ceilings ... ..	11
Floors and stairs ... ..	17
Sinks and wastepipes ... ..	39
Water supplies improved ... ..	12
W.C. apparatus repaired ... ..	48
Drains cleansed and repaired ... ..	54
Yards and footpaths ... ..	1
Cleansing of premises ... ..	4
Accumulation of refuse ... ..	6
New dustbins provided ... ..	117
	<hr/>
	724
	<hr/> <hr/>

**HOUSING.**

**Number of New Houses erected during the year.**

(a) Total, including numbers given separately under (b) ...	117
1. By the Local Authority ... ..	97
2. By other Local Authorities ... ..	Nil
3. By other bodies or persons ... ..	20
(b) With State assistance under the Housing Acts :	
1. By the Local Authority ... ..	97
2. By other bodies or persons ... ..	Nil

**1. Inspection of Dwellinghouses during the year. ,**

(1) (a) Total number of dwellinghouses inspected for housing defects (under Public Health or Housing Acts) ... ..	584
(b) Number of inspections made for the purpose ...	1118
(2) (a) Number of dwellinghouses (included under sub-head (1) above) which were included and recorded under the Housing Consolidated Regulations, 1925 and 1932 ... ..	—
(b) Number of inspections made for the purpose ...	—
(3) Number of dwellinghouses found to be in a state so dangerous or injurious to health as to be unfit for human habitation ... ..	15
(4) Number of dwellinghouses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation ...	427



## 2. Remedy of Defects during the year without Service of Formal Notices.

Number of defective dwellinghouses rendered fit in consequence of informal action by the Local Authority or their Officers ... ..	371
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## 3. Action under Statutory Powers during the year.

### (A) *Proceedings under Sections 9, 10 and 16 of the Housing Act, 1936.*

(1) Number of dwellinghouses in respect of which notices were served requiring repairs ... ..	4
(2) Number of dwellinghouses which were rendered fit after service of formal notices :—	
(a) By Owners ... ..	1
(b) By Local Authority in default of owners ... ..	2

### (B) *Proceedings under Public Health Acts.*

(1) Number of dwellinghouses in respect of which notices were served requiring defects to be remedied ...	14
(2) Number of dwellinghouses in which defects were remedied after service of formal notices :—	
(a) by owners ... ..	3
(b) By Local Authority in default of owners ... ..	—

### (C) *Proceedings under Sections 11 and 13 of Housing Act, 1936.*

(1) Number of dwellinghouses in respect of which Demolition Orders were made ... ..	Nil
(2) Number of houses demolished in pursuance of Demolition Orders ... ..	Nil

The Council also accepted undertakings from owners in 15 cases stating that they agreed not to re-let houses for human habitation.

### (D) *Proceedings under Section 12 of the Housing Act, 1936.*

(1) Number of separate tenements or underground rooms in respect of which Closing Orders were made ...	—
(2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit ...	—

## 4. Housing Act, 1936. Part IV. Overcrowding.

(a) (1) Number of dwellinghouses overcrowded at the end of the year ... ..	80
(2) Number of families living therein ... ..	112
(3) Number of persons dwelling therein ... ..	401
(b) (1) Number of new cases of overcrowding reported during the year ... ..	13
(c) (1) Number of cases of overcrowding relieved during the year ... ..	46
(2) Number of persons concerned in such cases ...	239

It will be noted that fifteen houses were scheduled for closure during the year. These houses were individual unfit houses from which the families have been removed to Council houses. It is an indication of the serious housing problem when it is pointed out that many people apply to the Health Department for permission to occupy these houses.

Overcrowding was reduced by 46 cases through families being rehoused by the Council. The figure of 80 overcrowding cases is not considered to be the total for the area. This can only be ascertained by a survey. However, there is little doubt that gross overcrowding has been eliminated except in isolated cases. One of the big problems facing the Council is the large amount of sexual overcrowding.

### CONVERSION OF PRIVY MIDDENS.

At the beginning of the year it is estimated there were 484 privies in the area of which 319 were capable of conversion.

During the year the Health Committee continued the scheme of grant aid to persons desiring to convert privy middens to water closets. The following table shows the grants sanctioned during the year :—

Applications granted	Total Estimated Cost	Council's Grant	No. of Privy Middens	No. of W.C's.
	£ s. d.	£ s. d.		
46	3147 15 11	1159 13 9	85	88

The number of privies converted during the year under the scheme was 79. Since the beginning of the scheme the figures are as follows :—

Applications granted	Total Estimated Cost	Council's Grant	No. of Privy Middens	No. of W.C's.
	£ s. d.	£ s. d.		
81	5384 15 3	2058 13 9	158	162

Up to the 31st December, the number of privies converted under the scheme was 121.

In addition to the above, 7 privies were converted to pail closets, six at dwelling houses and one at a factory.

## REFUSE COLLECTION, REFUSE DISPOSAL AND SALVAGE.

### A. Refuse Collection and Disposal.

The staff normally employed on this service is made up of 1 foreman, 18 dustmen, 3 tipmen, 2 destructor hands, and 3 salvage workers. At no time during the year was the Department fully staffed. Apart from sickness there was usually at least one vacant position. It is getting increasingly difficult to obtain workers for this class of work and the future, as far as refuse collection is concerned, is fraught with difficulties.

The fleet of vehicles comprises 4 Bedfords (10 cubic yard capacity), 1 Dennis (7 cubic yard capacity), 1 Dennis (7 cubic yard capacity—specially adapted for privy and cesspool emptying), 1 Dennis 40/45 cwt. for salvage work.

During the year one of the above vehicles was placed on full time refuse collection instead of part-time work as in previous years. New vehicle rounds were drawn up and this led to a marked improvement in the collection service throughout the district. The service was badly hit in December by persistent falls of snow and a high rate of sickness amongst the workmen.

The Department was responsible for the collection of refuse from 12,608 dwellinghouses and 841 other premises making a grand total of 13,449 premises. In connection therewith, refuse is removed from 13,100 dustbins, 400 privy middens, 15 cesspools and 53 pail closets.

The refuse of the district is disposed of by Controlled Tipping (85%) and incineration at the Destructor Works, Cleckheaton (15%). Two tips are now in use at the Football Field, East Bierley, and the Quarry, Hartshead Hall Lane, Hartshead. These tips are situated long distances from the centres of population and this adds considerably to the time taken in collection.

### B. Destructor.

The Destructor Works are used for the disposal of Trade Refuse. A charge of 2s. 6d. per load is made for loads delivered. Trade Refuse is also brought in by one of the Department's vehicles, collection being made under contract. The following data shows the estimated apportionment of the cost of the collection and disposal of House and Trade Refuse for the financial year ending 31st March, 1951 :—

			£	s.	d.
Estimated cost of refuse disposal per premises	...	...	0	2	9
„ „ disposal for 1,000 population	...	...	50	3	9
„ „ collection per premises	...	...	0	17	6
„ „ collection per 1,000 population			317	18	1
„ „ collection and disposal per premises	...	...	1	0	3
„ „ collection and disposal per 1,000 population	...	...	368	1	10



The above shows that for the sum of 7s. 4d. per head of the population the Committee provided a reasonable service of refuse collection and disposal for the financial year ending 31st March, 1951. This figure represents 1-7/10ths penny per head of the population per week.

### C. Salvage.

Three men are normally engaged on this work, one on baling waste paper, one on the salvage wagon and one on the tips. It has not been possible to obtain a workman for the latter work.

During the year the price of paper fell considerably and there was no market for bottles. It was decided to carry on salvaging waste paper and this proved a wise thing to do, for the demand for waste paper increased in the autumn and the price rose accordingly.

The income from salvage for the period 1st January to 31st December, 1950, was as follows :—

Type.	Weight				Value		
	T.	C.	Q.	L.	£	s.	d.
Paper ... ..	152	9	3	—	830	2	9
Scrap Metal ... ..	5	16	3	16	52	16	2
Bottles and Jars ... ..	2	6	1	—	4	12	6
Rags ... ..	5	2	—	—	41	0	8
Kitchen Waste ... ..	52	18	3	—	140	1	6
	218	13	2	16	£1068	13	7

### VERMINOUS PREMISES.

During the year 2 Council houses were found infested with vermin. 12 other houses in the district were found to be verminous. These were disinfested with HCN gas or with DDT. The household effects of 9 houses were fumigated with HCN before removal to Council houses.

A total of 343 visits was made to verminous or unclean premises.

### RODENT CONTROL.

#### Prevention of Damage by Pests Act, 1949.

#### Infestation Order, 1943.

During the year, 35 infestations were dealt with. The necessary poisoning treatments as laid down by the Ministry of Agriculture and Fisheries (Rodent Division) were carried out. 324 visits and re-inspections were made.

### OFFENSIVE TRADES.

There are four offensive trades registered in the district.

One Tripe Boiler.

Two Soap Boilers.

One Fat Melter and Fat Extractor.

16 inspections were made and no nuisances found.

### SMOKE ABATEMENT.

64 observations of 30 minutes' duration were taken during the year. Of these 28 were unsatisfactory.

**Contraventions over permitted three minutes black smoke in 30 mins.**

Up to 1 min.	1 to 2 mins.	2 to 3 mins.	3 to 4 mins.	4 to 5 mins.
10	3	5	4	2
More than 5 mins.				
4				

### SHOPS ACT.

No. of shops	...	...	...	...	...	...	...	443
<b>Food Shops.</b>								
	With assistants	...	...	147				
	With no assistants	...	...	150				
<b>Other Shops.</b>								
	With assistants	...	...	81				
	With no assistants	...	...	65				

176 inspections were made during the year and only minor contraventions were found. These were all complied with during the year.

VITAL STATISTICS OF THE SPENBOROUGH URBAN DISTRICT FOR 1941-50.

Year	Popu- lation estimated to middle of each year	Births		Total Deaths registered in the District		Trans- ferable Deaths of residents not registered in the District	Trans- ferable Deaths of non- residents registered in the District	Net Deaths belonging to the District			
		Number	Rate	Number	Rate			Under 1 year		At all ages	
								Number	Rate per 1000 births		
											Number
1941	35810	496	13·8	329	9·2	5	155	19	38·3	479	13·3
1942	34960	503	14·4	287	8·2	8	168	27	53·7	447	12·8
1943	34090	472	13·8	311	9·1	11	155	16	33·9	455	13·3
1944	34040	585	17·2	329	9·5	6	143	28	47·9	466	13·7
1945	33780	471	13·9	312	9·2	8	124	22	46·7	428	12·7
1946	35400	646	18·2	348	9·8	12	184	35	54·2	520	14·7
1947	35930	756	21·04	298	8·3	5	154	23	30·4	447	12·4
1948	36640	646	17·6	322	8·8	4	145	27	41·6	463	12·6
1949	36760	579	15·7	368	9·8	11	152	25	43·0	509	13·8
1950	37030	543	14·7	407	10·9	22	139	14	25·8	524	14·1

Area of District in Acres (Land and Inland Water)	...	...	8253
Total Population at all ages (Census 1931)	...	...	30963
Estimated Population by Registrar General (Mid. 1950)	...	...	37030
Number of Inhabited Houses	...	...	12608



## **APPENDICES**

- A.** Vital Statistics of the Spenborough Urban District for 1941-1950.
- B.** Infantile and Maternal Mortality Rates of Spenborough for the past twenty years.
- C.** Notifications of Infectious Disease in Spenborough Urban District, 1927-1950.
- D.** Adoptive Acts in force in the District.  
Bye-Laws in force in the District.
- E.** Staff of the Health Department.

**INFANTILE AND MATERNAL MORTALITY RATES OF  
SPENBOROUGH FOR THE PAST TWENTY YEARS.**

Year	Births	Infants		Mothers	
		Deaths	Rate	Deaths	Rate
1931	396	31	78	2	4·9
1932	379	27	71	1	2·5
1933	396	15	38	2	4·9
1934	338	16	47	Nil	—
1935	378	15	39	3	7·9
1936	374	26	70	Nil	—
1937	400	38	93	5	12·2
1938	462	30	66	Nil	—
1939	484	18	37	Nil	—
1940	495	20	40·4	5	9·6
1941	496	19	38·3	2	3·8
1942	503	27	53·7	Nil	—
1943	472	16	33·9	2	4·0
1944	585	28	47·9	Nil	—
1945	471	22	46·7	1	2·1
1946	646	35	54·2	Nil	—
1947	756	23	30·4	Nil	—
1948	646	27	40·5	1	1·5
1949	579	25	43·0	Nil	—
1950	543	14	25·8	1	1·78

NOTIFICATIONS OF INFECTIOUS DISEASE in Spenborough Urban District, 1927-1950.

Year	Smallpox	Polioencephalitis and Polomyelitis	Enteric Fever	Scarlet Fever	Diphtheria	Pneumonia	Cerebro-Spinal Fever	Erysipelas	Malaria	Puerperal Fever	Puerperal Pyrexia	Ophthalmia Neonatorum	Chicken Pox	Respiratory Tuberculosis	Other Tuberculosis	Measles	Whooping Cough	Other Diseases	Totals
1927			4	45	9	75		13		1	3	3	80	27	19			4	203
1928	29		8	118	10	38		9		2	2	1		19	13			2	331
1929	82		13	116	28	108		15		1	1	4	74	24	11				477
1930			8	80	21	55		14		3	2	5	233	26	14				518
1931	57			83	28	101		6		2	4	1	45	20	11			1	302
1932			3	209	9	59		9		2	2	2	291	22	13				621
1933			1	111	59	60		6		1		1	57	32	7				335
1934				110	59	23		11		1	2	3	81	18	8			1	317
1935				119	71	34		8		1	1	6	83	5	12				340
1936				70	21	25		8		1	4	1	108	16	4				259
1937				65	21	37		5		2	1	3	182	20	7				341
1938				117	44	31		12			1	2	315	29	11			1	563
1939			3	51	25	20		17			3	3	100	15	4			15	256
1940			2	68	41	39		8			6	5	81	24	9				1273
1941			4	43	38	18		10			4	4	362	16	10				882
1942				180	27	30		3			2	1	155	19	14			9	979
1943				257	42	40		12			2	1	267	23	13			15	1438
1944				110	32	18	1	8	1		1	1	532	15	9			1	1026
1945				89	31	33	2	9	2				130	14	10			3	1050
1946				43	29	27	1	1	1	1		2	201	28	16			1	686
1947		9		27	4	20		4			1	3	215	23	17			9	879
1948				68	5	34		6			1		175	15	12			6	985
1949		15		44		30	2	14		1	1	1	145	25	10			5	595
1950		4		22		32	1	8		1			230	23	4			32	938



**ADOPTIVE ACTS IN FORCE IN THE DISTRICT.**

- The Infectious Disease (Prevention) Act, 1890 (Section 20 repealed).
- The Public Health Acts Amendment Act, 1890—Part II, Part III (Sections 34, 35, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46).
- The Private Street Works Act, 1892.
- The Public Health Acts Amendment Act, 1907—Part II (Sections 15, 16, 17, 18, 19, 20, 21, 22, 28, 29, 30, 31, 32, 33) Parts VI, and IX, and Part X (Section 95).
- The Rats and Mice (Destruction) Act, 1919.
- The Public Libraries Acts, 1892—1919.
- The Public Health Act, 1925—Part II (Section 20 since repealed).
- Small Dwellings Acquisition Acts, 1899—1923.

**BYELAWS IN FORCE IN THE DISTRICT.**

**1. Operative within the whole of the Urban District.**

Building Byelaws	...	...	...	15th June, 1939.
Fish Frying and Offensive Trades	...	...	...	15th May, 1939.
Hackney Carriages	...	...	...	17th February, 1948.
Food Handling Byelaws	...	...	...	23rd April, 1950.

**2. Byelaws Operative within the Urban District excluding Birkenshaw, Hunsworth and parts of Hartshead and Clifton.**

New Streets	...	...	...	...	15th March, 1927
Public Slaughterhouses	...	...	...	...	7th March, 1927.
Wireless Apparatus	...	...	...	...	15th May, 1930.
Smoke Abatement	...	...	...	...	26th November, 1928.

**STAFF OF THE HEALTH DEPARTMENT**

**Medical Staff.**

WILLIAM M. DOUGLAS, M.B., Ch.B., D.P.H.  
Medical Officer of Health.  
Divisional Medical Officer.

**Sanitary Inspector's Staff.**

J. F. TEMPLEMAN, A.R.San. I., M.S.I.A., Certificates of the Royal Sanitary Institute for the Inspection of Meat and Other Foods. Chief Sanitary Inspector. Cleansing Officer. Market Superintendent.

F. E. DAWSON, M.R.San.I., M.S.I.A., Certificate of the Royal Sanitary Institute for the Inspection of Meat and Other Foods. Deputy Chief Sanitary Inspector.

G. M. GILMORE, A.R.San.I., M.S.I.A., Additional Sanitary Inspector.

J. G. SCOTT, A.R.San.I., M.S.I.A., Certificate of the Royal Sanitary Institute for the Inspection of Meat and Other Foods. Additional Sanitary Inspector.

J. MURDOCH, Certificate of the Royal Sanitary Institute and the Sanitary Inspectors Examination Joint Board. Additional Sanitary Inspector.

W. F. THORNTON, Clerk, Sanitary Inspector's Section. (Left 20th April, 1950).

F. S. BURGE, Clerk, Sanitary Inspector's Section. (Commenced 15th May, 1950. Left 13th October, 1950).

H. LYSETT, Clerk, Sanitary Inspector's Section. (Commenced 30th October, 1950).

**Divisional Public Health Staff (Division 17, comprising Spenborough and Mirfield Urban Districts).**

**Medical Staff.**

ELEANOR M. WHITEHEAD, M.B., Ch.B., Assistant County Medical Officer.

NORMA M. WHALLEY, M.B., Ch.B., D.C.H., Assistant County Medical Officer. (Commenced March, 1950).

**Clerical Staff.**

Mr. P. MARSHALL, Chief Clerk.

Miss M. R. FURNESS.

Miss D. M. HODGSON.

Mr. L. HOLDSWORTH.

Miss M. POPPLEWELL.

Mrs. V. THEWLIS.

**Assistant Health Visitors (Temp. School and Clinic Nurses).**

Mrs. G. MARSHALL, S.R.N.

Mrs. J. P. WOOD, S.R.N.

Mrs. R. COATES, S.R.N.

**Midwives.**

Miss E. J. POTTS, S.C.M.

Mrs. D. M. GOMERSALL, S.R.N., S.C.M.

Mrs. E. JOHNSON, S.C.M.

Mrs. B. RYDER, S.C.M. (Left March, 1950).

Mrs. G. D. WATSON, S.C.M. (Left June, 1950).

Miss L. M. THOMPSON, S.C.M. (Commenced August, 1950).

**District Nurse Midwives.**

Miss M. LAYCOCK, S.R.N., S.C.M.

Miss B. D. SHARP, S.R.N., S.C.M.

**District Nurses.**

Miss F. E. GAMBLE, S.R.N., Queen's Nurse.

Miss F. METCALFE, S.R.N., C.M.B., Queen's Nurse.

Miss E. BIRD, S.R.N., S.C.M., Queen's Nurse.

Miss E. PHILLIPS, S.R.N., Queen's Nurse.

Mrs. E. SAYLES, S.R.N., S.C.M.

**Dental Staff.**

Mr. H. TAYLOR, L.D.S.

Miss K. COLLETT, Dental Attendant.

**Moorend Day Nursery.**

Mrs. W. M. BROOKE, S.R.N., Matron.

Miss K. ARMITAGE, S.E.A.N., Deputy Matron.

Miss M. A. LAWTON, Warden.

Miss P. J. COOPER, Nursery Nurse.

Miss R. BROOKE, Nursery Assistant.

Miss J. SMAJE, Nursery Assistant.

**Part-time Staff.**

Mr. B. D. VAINES, M.Ch.S., Chiropodist.

Miss D. RENDER, M.C.S.P., Physiotherapist.

Mr. L. WITTELS, M.D. (Vienna), D.O., Consultant  
Ophthalmologist.

Mrs. M. M. BLAKE, M.A. Oxon., L.C.S.T. Speech Therapist.

Mrs. G. JONES, Home Teacher of Mental Defectives.





